

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90032 041 \*\*\*\*61.25

0039789

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N94000003146

1. Corporation Name

WELDON CONDOMINIUM G ASSOCIATION, INC.

Principal Place of Business

3475 HIATUS RD  
 SUNRISE FL 33351

Mailing Address

3475 HIATUS RD  
 SUNRISE FL 33351



2. Principal Place of Business

21 A & M PROPERTY MGT

Suite, Apt. #, etc.

22 3475 North Hiatus RD

City & State

23

Zip Country

24

2a. Mailing Address

26 A & M PROPERTY MGT

Suite, Apt. #, etc.

27 3475 North Hiatus RD

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/24/1994

4. FEI Number

65-0563825

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WALDRON, MALCOLM H III  
 3475 HIATUS ROAD  
 SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

A & M PROPERTY MANAGEMENT, INC.

82 Street Address (P.O. Box Number is Not Acceptable)

3475 North Hiatus Road

83

84 City

Sunrise

FL

85 Zip Code  
 33351

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/99

12. OFFICERS AND DIRECTORS  DELETE

TITLE PD  
 NAME ENOCH, GERALD  
 STREET ADDRESS 9511 WELDON CIRCLE #211  
 CITY-ST-ZIP TAMARAC FL 33321

TITLE VPD  
 NAME FIRESTONE, RAY  
 STREET ADDRESS 9511 WELDON CIRCLE #112  
 CITY-ST-ZIP TAMARAC FL 33321

TITLE SD  
 NAME GOLDSTEIN, NORMA  
 STREET ADDRESS 9511 WELDON CIRCLE  
 CITY-ST-ZIP TAMARAC FL 33321

TITLE TD  
 NAME GROSS, HERMAN  
 STREET ADDRESS 9511 WELDON CIRCLE #111  
 CITY-ST-ZIP TAMARAC FL 33321

TITLE BP2D  
 NAME ZELLANDER, SAM  
 STREET ADDRESS 9511 WELDON CIRCLE #416  
 CITY-ST-ZIP TAMARAC FL 33321

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE P/D  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE VP/D  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/99 741-4666

CR2E037 (11/98)