

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90411 003 ****61.25

DOCUMENT # N94000003146
 1. Entity Name Weldon Condominium G. Association, Inc

A0068486

Principal Place of Business C/O Consolidated Community Management 18034 W MCNAB RD TAMARAC, FL 33321
 Mailing Address Consolidated Community Mgt 10034 W MCNAB ROAD TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10034 W MCNAB
 Suite, Apt. #, etc.

3. Mailing Address 10034 W MCNAB ROAD
 Suite, Apt. #, etc.

City & State TAMARAC FL

City & State TAMARAC FLORIDA

4. FEI Number 65-0563825
 Applied For Not Applicable

Zip 33321 Country

Zip 33321 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
A + M Property Management, Inc
3475 HIATUS ROAD
SUNRISE, FL 33351

7. Name and Address of New Registered Agent
 Name Consolidated Community Management
 Street Address (P.O. Box Number is Not Acceptable) 10034 W MCNAB ROAD
 City TAMARAC, FL FL Zip Code 33321

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE [Signature] James Miles DATE 4-29-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW
FEE IS \$6.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE <u>SO</u> NAME <u>GERALD ENOCH</u> <input type="checkbox"/> Delete STREET ADDRESS <u>9511 Weldon Circle</u> CITY-ST-ZIP <u>TAMARAC FL 33321</u>	
TITLE <u>PO</u> NAME <u>Ray Fire Stone</u> <input type="checkbox"/> Delete STREET ADDRESS <u>9511 Weldon Circle</u> CITY-ST-ZIP <u>TAMARAC, FL 33321</u>	
TITLE <u>VP</u> NAME <u>IRVING HANDLESMA</u> <input type="checkbox"/> Delete STREET ADDRESS <u>9511 Weldon Circle</u> CITY-ST-ZIP <u>TAMARAC, FL 33321</u>	
TITLE <u>TD</u> NAME <u>Herman Gross</u> <input type="checkbox"/> Delete STREET ADDRESS <u>9511 Weldon Circle</u> CITY-ST-ZIP <u>TAMARAC, FL 33321</u>	
TITLE NAME <u>SAM ZELLARDER</u> <input type="checkbox"/> Delete STREET ADDRESS <u>9511 Weldon Circle</u> CITY-ST-ZIP <u>TAMARAC FL 33321</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.