2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N9400003146 1. Entity Name WELDON CONDOMINIUM G ASSOCIATION, INC.



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10034 W MCNAB 100			1003	iling Address DO34 W MCNAB JNRISE, FL 33321			40059776					
Principal Place of Business - No P.O. Box # 3. Mailing Addr				ing Address		•						
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				03172008 _{CI}	hg-NP	CR2E03	37 (12/06)	
City & State			City	City & State				4. FEI Number				plied For
Zip Country			Zio	Zip Country				65-0563825 Not Applicable 5 Certificate of Status Desired Status Desired Status Desired Not Applicable				
zip .				-		, , , , , , , , , , , , , , , , , , ,		5. Certificate of St		. .	Fee Require	d
	6. Name	and Address of Currer	nt Registere	d Agent		Nama		7. Name and Add	ress of New R	egistered /	Agent	
KATZMAN & KORR				Name Street Address			Idress (f	(P.O. Box Number is Not Acceptable)				
1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309				Olider Address						-·-		
PORT LAG	DENDALI	E, FE 33309				City		 		FL	Zip Cod	9
The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.						l ed office or r	register	ed agent, or both, in	the State of Flo		familiar with,	and accept
the obligat	ions of regist	ered agent.										
SIGNATURE .	Signature, typed	or printed name of registered age	ent and title if appl	icable. (NOTE	: Registere	d Agent signature	periuper er	when reinstating)		DATE		··· -
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trost Fund Contribution.									
								\$5.00 May Be Added to Fees	1		k payable t	
10.		lay 1, 2008	DIRECTORS		ontribut			Added to Fees	Flor	ida Depar	tment of S	ate
10.			DIRECTORS			ion. [Flor	ida Depar	tment of S	ate
	PD GOLDSTI	OFFICERS AND E	DIRECTORS	Trust Fund C	ontribut	ion. C		Added to Fees	Flor	ida Depar	tment of S	ate
TITLE NAME STREET ADDRESS	PD GOLDSTI 10034 W	OFFICERS AND DEN, NORMA	DIRECTORS	Trust Fund C	11. TITLE	E E E E E E E E E E E E E E E E E E E		Added to Fees	Flor	ida Depar	tment of S	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTI 10034 WI TAMARAG	OFFICERS AND E	DIRECTORS	Trust Fund C	11. TITLE NAM STRE	E E E ADDRESS - ST-ZIP		Added to Fees	Flor	ida Depar	tment of S RECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD GOLDSTI 10034 WI TAMARAG	OFFICERS AND E OFFICERS AND E EN, NORMA MCNAB RD C, FL 33321	DIRECTORS	Trust Fund C	11. TITLE NAM STRE CITY	E E E E E E E ST-ZIP E		Added to Fees	Flor	ida Depar	tment of S	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD GOLDSTI 10034 WI TAMARAC VPD ACKERM	OFFICERS AND E OFFICERS AND E EN, NORMA MCNAB RD C, FL 33321 AN, EDWARD	DIRECTORS	Trust Fund C	11. TITLE NAM STRE CITY TITLE	E E E E E E E E E E E E E E E E E E E		Added to Fees	Flor	ida Depar	tment of S RECTORS IN Change	10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTI 10034 WI TAMARAO VPD ACKERM. 10034 WI TAMARAO TD WOLPIN,	OFFICERS AND E EN, NORMA MCNAB RD C, FL 33321 AN, EDWARD MCNAB RD C, FL 33321 ROSELYN	DIRECTORS	Trust Fund C	11. TITLE NAM STRE CITY TITLE NAM STRE CITY	E E E E E E E E E E E E E E E E E E E		Added to Fees	Flor	ida Depar	tment of S RECTORS IN Change	10 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and datcurate 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 empoweled 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.

CITY-ST-ZIP

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90023 025 ****61.25