

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0033759

DOCUMENT # N94000003146
1. Entity Name
WELDON CONDOMINIUM G ASSOCIATION, INC.



FILED

03 MAY -1 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**10034 W MCNAB
SUNRISE FL 33321**

Mailing Address
**10034 W MCNAB
SUNRISE FL 33321**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0563825**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CONSOLIDATED COMMUNITY MANAGEMENT
10034 W MCNAB ROAD
TAMARAC FL 33321**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

200017843452
05/01/03--01077--016 **\$61.25

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE SD NAME ENOCH, GERALD STREET ADDRESS 10034 W MCNAB RD CITY-ST-ZIP TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE VPD NAME GOLDSTEIN, NORMA STREET ADDRESS 10034 W MCNAB RD CITY-ST-ZIP TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE PD NAME ACKERMAN, EDWARD STREET ADDRESS 10034 W MCNAB RD CITY-ST-ZIP TAMARAC FL 33321	<input type="checkbox"/> Delete
TITLE TD NAME GROSS, HERMAN STREET ADDRESS 10034 W MCNAB RD CITY-ST-ZIP TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD NAME GROSS, CAROL STREET ADDRESS c/o CCM, Inc 10034 W McNab Road Tamarac, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME ENOCH, GERALD STREET ADDRESS c/o CCM, Inc 10034 W McNab Road Tamarac, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE LVPD NAME ACKERMAN, EDWARD STREET ADDRESS c/o CCM, Inc 10034 W McNab Road Tamarac, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME GOLDSTEIN, NORMA STREET ADDRESS c/o CCM, Inc 10034 W McNab Road Tamarac, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 2VPO NAME WOLPIN, ROSELYN STREET ADDRESS c/o CCM, Inc 10034 W McNab Road Tamarac, FL 33321	<input type="checkbox"/> Change <input checked="" 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.

SIGNATURE: *GERALD ENOCH*

CR2E037 (10/02)