

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002652 (4)**

1. Corporation Name

WELDON CONDOMINIUM C ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7600 NOB HILL ROAD
TAMARAC FL 33321**

**700 N.W. 107TH AVENUE
MIAMI FL 33172-8161**



3. Date Incorporated or Qualified
06/07/1995

3a. Date of Last Report
02/09/1996

4. FEI Number

APPLIED FOR 05-0654374

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **WELDON C CONDO**
Suite, Apt. #, etc. **#201**

26 **GOLDMAN, JUDA + MARTIN**
Suite, Apt. #, etc. **#201**

22 **7771 W. OAKLAND PARK BLVD**
City & State

27 **7771 W. OAKLAND PARK BLVD**
City & State

23 **FT. LAUDERDALE FL**
Zip

28 **FORT LAUDERDALE FL**
Zip

24 **33351** Country **USA**

29 **33351** Country **USA**

9. Name and Address of Current Registered Agent

**WATSKY, MORRIS J
700 N.W. 107TH AVENUE
MIAMI FL 33172**

MAR 07 1997
2028

10. Name and Address of New Registered Agent

81 Name

PAUL M. TERTAN

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

90 GOLDMAN, JUDA + MARTIN

83

7771 W. OAKLAND PARK BLVD #201

84

FT. LAUDERDALE

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

Paul M. Tertan

(NOTE: Registered Agent signature required when reinstating)

4/23/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIEFS, MARTIN L	
STREET ADDRESS	7600 NOB HILL ROAD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHRAGER, MARLENE	
STREET ADDRESS	7600 NOB HILL ROAD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PEDONE, SUE	
STREET ADDRESS	7600 NOB HILL ROAD	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Marlene Schrage **SCHRAGER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97 (954) 24-4015
Date Daytime Phone # **0032619**

CR2E037 (9/96)