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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N20235

1. Corporation Name

**WELLESLEY AT LAKE CLARKE SHORES HOMEOWNERS ASSOC
IATION, INC.**

Principal Place of Business

C/O G.R.S. MANAGEMENT
3900 WOODLAKE BLVD. STE. 201
LAKE WORTH FL 33463
US

Mailing Address

C/O G.R.S. MANAGEMENT
3900 WOODLAKE BLVD. STE. 201
LAKE WORTH FL 33463
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/21/1987

4. FEI Number

59-2794230

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GELFAND, MICHAEL
ONE CLEARLAKE PLAZA, 1010
250 AUSTRALIAN AVE. SOUTH
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE VPD ☒ DELETE
NAME ROY, ROLAND
STREET ADDRESS 8141 C BRIDGEWATER CT
CITY-ST-ZIP LAKE CLARKE SHORES FL

TITLE D ☐ DELETE
NAME BROOKS, PATRICIA
STREET ADDRESS 8136-A BRIDGEWATER CT.
CITY-ST-ZIP LAKE CLARKE SHORES FL

TITLE VPTD ☒ DELETE
NAME CARLTON, KEN
STREET ADDRESS 8108-D OAKTON CT.
CITY-ST-ZIP LAKE CLARKE SHORES FL

TITLE SD ☐ DELETE
NAME WELCH, LYDIA
STREET ADDRESS 8147 C BRIDGEWATER CT
CITY-ST-ZIP LAKE CLARKE SHORES FL

TITLE PD ☐ DELETE
NAME KNIGHT, GREGORY
STREET ADDRESS 8148-C BRIDGEWATER COURT
CITY-ST-ZIP LAKE CLARKE SHORES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVP ☐ Change ☒ Addition
1.2 NAME STEVENS, EDWARD
1.3 STREET ADDRESS 8150-D BRIDGEWATER COURT
1.4 CITY-ST-ZIP LAKE CLARKE SHORES, FL 33406

2.1 TITLE DVP ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP LAKE CLARKE SHORES, FL 33406

3.1 TITLE DT ☐ Change ☒ Addition
3.2 NAME MONTIQUE, ANITA
3.3 STREET ADDRESS 8161-A ANDOVER COURT
3.4 CITY-ST-ZIP LAKE CLARKE SHORES, FL 33406

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP LAKE CLARKE SHORES, FL 33406

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP LAKE CLARKE SHORES, FL 33406

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-1641-8554

Daytime Phone #

CR2E037 (11/98)