

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N95000000445

1. Entity Name

Weldon Condominium B. Association Inc

Principal Place of Business

c/o Consolidated  
Community Management  
10034 W McNab Rd  
TAMARAC, FL 33321

Mailing Address

Consolidated Community Mgt  
10034 W McNab Road  
TAMARAC, FL 33321

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

Zip  
33321

Country

Zip  
33321

Country

4. FEI Number

65-0563822

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

A+M Property Mgt  
3475 North Hialeah  
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
NAME PD Bernard Samuels ☐ Delete  
STREET ADDRESS 9587 Weldon Circle  
CITY - ST - ZIP TAMARAC, FL 33321

TITLE  
NAME VO Milt Wallich ☐ Delete  
STREET ADDRESS 9587 Weldon Circle  
CITY - ST - ZIP TAMARAC, FL 33321

TITLE  
NAME SD Elaine Steiner ☐ Delete  
STREET ADDRESS 9587 Weldon Circle  
CITY - ST - ZIP TAMARAC, FL 33321

TITLE  
NAME D Danielle Samuels ☐ Delete  
STREET ADDRESS 9587 Weldon Circle  
CITY - ST - ZIP TAMARAC, FL 33321

TITLE  
NAME TD Cy Atkins ☐ Delete  
STREET ADDRESS 9587 Weldon Circle  
CITY - ST - ZIP TAMARAC, FL 33321

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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CITY - ST - ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY - ST - ZIP

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.

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

05-16-2001 90411 050 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

4-29-01

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