

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90096 018 \*\*\*\*61.25

**DOCUMENT # N95000000445**

1. Entity Name

**WELDON CONDOMINIUM B ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

% CONSOLIDATED COMMUNITY MANAGEMENT% CONSOLIDATED COMMUNITY MANAGEMENT  
10034 W MCNAB ROAD 10034 W MCNAB ROAD  
TAMARAC FL 33321 TAMARAC FL 33321  
US US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

**CONSOLIDATED COMMUNITY MANAGEMENT  
10034 W MCNAB ROAD  
TAMARAC FL 33321**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME SAMUELS, BERNARD  
STREET ADDRESS 10034 W MCNAB RD  
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

TITLE D  
NAME Kohn, AL  
STREET ADDRESS 10034 W. MCNAB RD  
CITY-ST-ZIP TAMARAC, FL 33321 ☐ Change ☒ Addition

TITLE D  
NAME PALVESKY, GEORGE  
STREET ADDRESS 10034 W MCNAB RD  
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

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

TITLE TD  
NAME ATKINS, CY  
STREET ADDRESS 10034 W MCNAB RD  
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

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

TITLE SD  
NAME STEINER, ELAINE  
STREET ADDRESS 10034 W MCNAB RD  
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*[Signature]*

*BERNARD SAMUELS*

*954-720-3460*  
*2/15/06*