

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000445

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: WELDON CONDOMINIUM B ASSOCIATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 65-0563822      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

KAYE & BENDER, P.L.  
6261 NW 6TH WAY  
SUITE 103  
FORT LAUDERDALE, FL 33309 US

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: ROBERT KAYE

04/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SAMUELS, BERNARD  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: PALVESKY, GEORGE  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: TD ( ) Delete  
Name: ATKINS, CY  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete  
Name: STEINER, ELAINE  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Delete  
Name: KOHN, AL  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: STEINER, ELAINE  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: TD (X) Change ( ) Addition  
Name: METZ, JUDY  
Address: 10034 W MCNAB RD  
City-St-Zip: TAMARAC, FL 33321

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD SAMUELS

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date