

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0033772

DOCUMENT # N95000000445

1. Entity Name

WELDON CONDOMINIUM B ASSOCIATION, INC.



FILED

03 MAY -1 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

% CONSOLIDATED COMMUNITY MANAGEMENT  
10034 W MCNAB ROAD  
TAMARAC FL 33321  
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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 ☐ Delete  
STREET ADDRESS 10034 W MCNAB RD  
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Addition  
NAME ☐ Addition  
STREET ADDRESS 10034 W MCNAB Road  
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE ☐ Change ☐ Addition  
NAME ☐ Addition  
STREET ADDRESS 600017843176  
CITY-ST-ZIP 05/01/03--01077--011 \*\*61.25

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

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

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

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

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

TITLE ☐ Addition  
NAME ☐ Addition  
STREET ADDRESS 10034 W MCNAB Road  
CITY-ST-ZIP 33321

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

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

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.

SIGNATURE:

NOT REQUIRED

CR2E037 (10/02)