

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003146

**Entity Name:** WELDON CONDOMINIUM G ASSOCIATION, INC.**Current Principal Place of Business:**C/O CCM, INC.  
7124 N. NOB HILL ROAD  
TAMARAC, FL 33321**Current Mailing Address:**C/O CCM, INC  
7124 N NOB HILL RD  
TAMARAC, FL 33321**FEI Number:** 65-0563825**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALANCY, STEVEN S  
311 SE 13 STREET  
FORT LAUDERDALE, FL 33316 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	BERKE, DAVID
Address	C/O CCM, INC. 7124 N. NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321

Title	PRESIDENT
Name	ACKERMAN, EDWARD
Address	C/O CCM, INC. 7124 N. NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321

Title	TREASURER
Name	DAMES, BEVERLY
Address	C/O CCM, INC. 7124 N. NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321

Title	VP
Name	HERMAN, HELENE
Address	C/O CCM, INC. 7124 N. NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321

Title	SECRETARY
Name	WOLPIN, ROSELYN
Address	C/O CCM, INC. 7124 N. NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321

*I hereby 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 all other like empowered.*

**SIGNATURE:** EDWARD ACKERMAN

PRES

02/04/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date