

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000445

**Entity Name:** WELDON CONDOMINIUM B ASSOCIATION, INC.**Current Principal Place of Business:**C/O CCM, INC  
7124 N NOB HILL RD  
TAMARAC, FL 33321**Current Mailing Address:**C/O CCM, INC  
7124 N NOB HILL RD  
TAMARAC, FL 33321 US**FEI Number:** 65-0563822**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           TREASURER  
Name           TUMMINELLI, BARBARA  
Address        7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321Title           SECRETARY  
Name           COHEN, FRANK  
Address        7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321Title           PRESIDENT  
Name           HORAN, DOLORES  
Address        7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321Title           VP  
Name           SCHWACK, DAVID  
Address        7124 N NOB HILL RD  
City-State-Zip: TAMARAC FL 33321Title           DIRECTOR  
Name           LIEBMAN, WAYNE  
Address        C/O CCM, INC  
                  7124 N NOB HILL RD  
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:** DOLORES HORAN

PRES

02/26/2019

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