
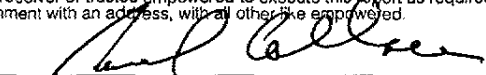


**2006 NOT-FOR-PROFIT CORPORATION.  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 726153</b> 1. Entity Name <b>WELLEBY MANAGEMENT ASSOCIATION, INCORPORATED</b>		
Principal Place of Business <b>3471 HIATUS RD. SUNRISE, FL 33351</b>		Mailing Address <b>PO BOX 450370 SUNRISE, FL 33345-0370 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>RANDALL K. ROGER &amp; ASSOCIATES, P.A. 621 NW 53 ST SUITE 300 BOCA RATON, FL 33487</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DP	
NAME	CALLSEN, PAUL	
STREET ADDRESS	3971 NW 94 WAY	
CITY - ST - ZIP	SUNRISE, FL 33351	
TITLE	DT	
NAME	HANNES, CYNTHIA	
STREET ADDRESS	3181 NW 97 AVENUE	
CITY - ST - ZIP	SUNRISE, FL 33351	
TITLE	DV	
NAME	SOLIS, DANIEL	
STREET ADDRESS	3130 N.W. 106 AVE.	
CITY - ST - ZIP	SUNRISE, FL 33351	
TITLE	DS	
NAME	STRICKLIN, ED	
STREET ADDRESS	9341 N.W. 39TH ST.	
CITY - ST - ZIP	SUNRISE, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		<b>4/24/06</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04102006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-1508351</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

U00000538105  
05/09/06-80044-006 61.25

**DO NOT WRITE  
IN THIS SPACE**