

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90098 026 \*\*\*\*61.25

**DOCUMENT # 726153**  
 1. Entity Name  
**WELLEBY MANAGEMENT ASSOCIATION, INCORPORATED**



Principal Place of Business  
**3471 HIATUS RD.  
 SUNRISE, FL 33351**

Mailing Address  
**PO BOX 450370  
 SUNRISE, FL 33345-0370 US**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04042007 Chg-NP CR2E037 (12/06)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
**59-1508351**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RANDALL K. ROGER & ASSOCIATES, P.A.  
 621 NW 53 ST  
 SUITE 300  
 BOCA RATON, FL 33487**

**7. Name and Address of New Registered Agent**

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

**Filing Fee is \$61.25 Due by May 1, 2007**

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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CALLSEN, PAUL 3971 NW 94 WAY SUNRISE, FL 33351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HANNES, CYNTHIA 3181 NW 97 AVENUE SUNRISE, FL 33351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SOLIS, DANIEL <input checked="" type="checkbox"/> Delete 3130 N.W. 106 AVE. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS STRICKLIN, ED <input checked="" type="checkbox"/> Delete 9341 N.W. 39TH ST. SUNRISE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV NEIPRIS, JAMES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4311 NW 97 AVE. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS IRINA TOKAR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4317 NW 103 TERR SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_  
 Daytime Phone # **(954) 749-6228**