

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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 #

3489 Hiatus Rd.

3. Mailing Address

PO BOX 450370

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip  
33351

Country  
USA

Zip  
33351

Country  
USA

FILED  
09 FEB -9 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 08-09  
11/25/08 REIN-NP CR2E099 (1/07)

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: Randall K. Roger & Associates, PA  
Street Address (P.O. Box Number is Not Acceptable): 621 NW 53 ST  
Suite 300  
City: Boca Raton FL Zip Code: 33487

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

1/07/09

FILE NOW!!! FEE IS \$61.25  
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
000139268290 12/24/08--01028--015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
000139268290 12/24/08--01028--015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
000139268290 02/09/09--01047--006 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<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

11/25/08 954-572-1  
Date Daytime Phone #

202/10