FILE NOW: FILING FEE IS $61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730533 (7)

1. Corporation Name

WELLEBY CONDOMINIUM ASSOCIATION ONE, INCORPORATED

Principal Place of Business	Mailing Address
SUMMIT PROPERTY MGMT. P.O. BOX 189013 PLANTATION FL 33318 US	SUMMIT PROPERTY MGMT. P.O. BOX 189013 PLANTATION FL 33318-9013 US

3. Date Incorporated or Qualified: 08/26/1974
3a. Date of Last Report: 07/25/1996

2. Principal Place of Business
21: AMBASSADOR Commty Mgt.
22 Suite, Apt. #, etc: 8051 W McNAB RD
23 City & State: TAMARAC, FL
24 Zip: 33321 25 Country: USA

2a. Mailing Address
27: AMBASSADOR Comm. Mgt.
28 Suite, Apt. #, etc: 8051 W McNAB RD
28 City & State: TAMARAC, FL
29 Zip: 33321 30 Country: USA

4. FEI Number: 59-1716827 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SUMMIT PROPERTY MGMT., INC.
6289 W. SUNRISTE BLVD.
STE. 202
SUNRISE FL 33318

10. Name and Address of New Registered Agent

81 Name: KAYE & ROGER, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 6261 NW 6th Way, Ste. 103
83:
84 City: Ft. Lauderdale, FL **FL** 85 Zip Code: 33309

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] RANDALL K. ROGER V.P. 5/8/97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	DRAPPEL, DOROTHY		1.2 NAME	Shea, Suzanne	
STREET ADDRESS	3651 NW 95TH TER #902		1.3 STREET ADDRESS	3711 NW 95th Terrace, #1124	
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	Sunrise, FL 33351	
TITLE	VD	☐ DELETE	2.1 TITLE	Treasurer, Director at Large	☒ Change ☐ Addition
NAME	DUNAIEF, CHARLES		2.2 NAME	Dunaief, Charles	
STREET ADDRESS	3741 NW 95TH TER #1502		2.3 STREET ADDRESS	3741 NW 95th Ter #1502	
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP	Sunrise, FL 33351	
TITLE	SE	☐ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	WHISONANT, BETTY		3.2 NAME	Whisonant, Betty	
STREET ADDRESS	3621 NW 95TH TERR.		3.3 STREET ADDRESS	3621 NW 95th Terr, #508	
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP	Sunrise, FL 33351	
TITLE	TD	☒ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	PAULHAUS, MIKE		4.2 NAME	Zizzo, Donato	
STREET ADDRESS	1811 NW 107 DR.		4.3 STREET ADDRESS	3551 NW 95th Terr., #305	
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP	Sunrise, FL 33351	
TITLE		☐ DELETE	5.1 TITLE	Secy./Director	☐ Change ☒ Addition
NAME			5.2 NAME	Brown, William	
STREET ADDRESS			5.3 STREET ADDRESS	3621 NW 95th Terr., #502	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Sunrise, FL 33351	
TITLE		☐ DELETE	6.1 TITLE	VP/Director	☐ Change ☒ Addition
NAME			6.2 NAME	Rao, Susan	
STREET ADDRESS			6.3 STREET ADDRESS	3581 NW 95th Terrace, #606	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Sunrise, FL 33351	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE REQUIRED President (954) 572-1880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0036777