FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Jun 12 1998 8:00am
Secretary of State

DOCUMENT # 730533

1. Corporation Name
WELLEBY TOWNHOMES CONDO 1 CONDOMINIUM ASSOC ONE, INC

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 8/26/74
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 C/O PHOENIX MGMT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 541 S STATE ROAD 7 #12
City & State 23	City & State 28 MARGATE FL
Zip 24 / Country 25	Zip 29 33068 / Country 30 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	10. Name and Address of New Registered Agent
	81 Name: Thomas J. Tighe
	82 Street Address (P.O. Box Number is Not Acceptable): Tucker + Tighe, P.A. #505
	83: 800 E. Broward Blvd
	84 City: Ft. Lauderdale FL 85 Zip Code: 33301

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: X Thomas J. Tighe Thomas J. Tighe TUCKER & TIGHE ATTY
Signature, type or print 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	☐ Change ☐ Addition
NAME	SUSAN RAO		1.2 NAME	
STREET ADDRESS	3581 NW 95 TERR # 606		1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL BORRIELLO		2.2 NAME	
STREET ADDRESS	3591 NW 95 TERR #70		2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHARLES DUNAIEF		3.2 NAME	
STREET ADDRESS	3741 NW 95 TERR # 1502		3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	PHILBERT HILLMAN		4.2 NAME	6/6/12
STREET ADDRESS	3551 NW 95 TERR # 303		4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GARY SANJURJO		5.2 NAME	
STREET ADDRESS	3551 NW 95 TERR # 60		5.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BARBARA ALBERT		6.2 NAME	300002559103
STREET ADDRESS	3731 NW 95 TERR # 1601		6.3 STREET ADDRESS	-06/15/98--01007--003
CITY-ST-ZIP	SUNRISE FL 33351		6.4 CITY-ST-ZIP	***61.25

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: X Susan M. Rao 3/30/98 954 748-1497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SUSAN RAO