

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90014 046 ****61.25

DOCUMENT # 730533

1. Entity Name

**WELLEBY CONDOMINIUM ASSOCIATION ONE,
INCORPORATED**



Principal Place of Business

% PHEONIX MGMT.
4780 N. ST. ROAD 7, STE. E250
MARGATE FL 33319
US

Mailing Address

% PHEONIX MGMT.
4780 N. ST. ROAD 7, STE. E250
MARGATE FL 33319
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1716827**
NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVERA, SHANNON
% PHEONIX MGMT.
4780 N. ST. ROAD 7, STE. E250
MARGATE FL 33319

Name **Kerry Frydman**

Street Address (P.O. Box Number is Not Acceptable)

C/O Phoenix Management Services Inc

4780 N. State RD 7 Suite E 250

City **Lauderdale Lakes**

FL

Zip Code **33319**

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 **Kerry Frydman** **Kerry Frydman**

2/18/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **PD** ☒ Delete
NAME **BORRIELLO, MITCHELL**
STREET ADDRESS **3571 NW 95 TERR. # 707**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **TD** ☒ Delete
NAME **SEYMOUR, HITTLEMAN**
STREET ADDRESS **3621 NW 95 TERR. #504**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☐ Delete
NAME **DUNAIEF, CHARLES**
STREET ADDRESS **3741 NW.. 95 TERR. #1502**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **VPD** ☒ Delete
NAME **BORRIELLO, SUZANNE**
STREET ADDRESS **3571 NW 95 TERR. #707**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☐ Delete
NAME **FINN, HARRY**
STREET ADDRESS **3581 NW 95 TERR #606**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Change ☒ Addition
NAME **William Prince**
STREET ADDRESS **3581 NW 95th Terr. #605**
CITY-ST-ZIP **Sunrise FL 33351**

TITLE **TD** ☐ Change ☒ Addition
NAME **Linda Fox**
STREET ADDRESS **NW 95th Terr #301**
CITY-ST-ZIP **Sunrise FL 33351**

TITLE **PD SD** ☒ Change ☐ Addition
NAME **Mitchell Borriello**
STREET ADDRESS **3571 NW 95 Terr #707**
CITY-ST-ZIP **Sunrise FL 33351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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: **Kerry Frydman - agent for the association** **2/18/04** **954 640 7070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #