

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90228 011 ****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		4. FEI Number NOT APPLICABLE	
Zip		Country		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 <u>Phoenix Management Services</u> Street Address (P.O. Box Number is Not Acceptable) <u>4780 N St Rd 7 suite E-250</u> City <u>Lauderdale Lakes</u> FL Zip Code <u>33319</u>	
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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>2/1/05</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	PRINCE, WILLIAM		NAME	Prince William	
STREET ADDRESS	3581 NW 95TH TERR. #605		STREET ADDRESS	3581 NW 95th Terr #605	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	Sunrise FL 33351	
TITLE	TD	☒ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	SOY, LINDA		NAME	Joy, Linda	
STREET ADDRESS	NW 95TH TERR. #301		STREET ADDRESS	3551 NW 95th Terr #301	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	Sunrise FL 33351	
TITLE	D	☒ Delete	TITLE	F	☐ Change ☐ Addition
NAME	DUNAIEF, CHARLES		NAME		
STREET ADDRESS	3741 NW.. 95 TERR. #1502		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP		
TITLE	ADSD	☒ Delete	TITLE	VPD	☐ Change ☒ Addition
NAME	MITCHELL, BURRIELLO		NAME	SENORANS, MANNY	
STREET ADDRESS	3571 NW 95TH TERR. #707		STREET ADDRESS	3581 NW 95th Terr #604	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	Sunrise, FL 33351	
TITLE	D	☒ Delete	TITLE	Burrington, Jen	☐ Change ☒ Addition
NAME	FINN, HARRY		NAME		
STREET ADDRESS	3581 NW 95 TERR #606		STREET ADDRESS	3621 N.W 95th #524	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	Sunrise, FL 33351	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>2-28-05</u> Daytime Phone # <u>9546407070</u>		