2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State
08-17-2006 90001 014 ****61.25

50025337

DOCUMENT # 730533

1. Entity Name
WELLEBY CONDOMINIUM ASSOCIATION ONE, INCORPORATED

Principal Place of Business	Mailing Address
% PHEONIX MGMT. 4780 N. ST. ROAD 7, STE. E250 MARGATE, FL 33319 US	% PHEONIX MGMT. 4780 N. ST. ROAD 7, STE. E250 MARGATE, FL 33319 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 4800 N St Rd 7 F105	Suite, Apt. #, etc. 4800 N St Rd 7 F105
City & State LAUDERDALE LKS FL	City & State LAUDERDALE LKS FL
Zip 33319 Country USA	Zip 33319 Country USA

07122006 Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 4800 N STATE ROAD 7 F105

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 - agent 8/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PRINCE, WILLIAM 3581 NW 95TH TERR. #605 SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOY, LINDA 3551 NW 95 TERR #301 SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SENORANS, MANNY 3581 NW 95 TERR #604 SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BURNISTON, JEN 3621 NW 95TH #524 SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FINN, HARRY 3581 NW 95 TERR #606 SUNRISE, FL 33351	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: 8-3-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #