2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# 730533

Entity Name: WELLEBY CONDOMINIUM ASSOCIATION ONE, INCORPORATED

Current Principal Place of Business:

4800 NORTH ST RD 7
SUITE F105
FORT LAUDERDALE, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4800 NORTH ST RD 7
SUITE F105
FORT LAUDERDALE, FL 33319 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

%PHEONIX MGMT. SERVICES
4800 NORTH ST RD 7
SUITE F105
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

%PHOENIX MGMT. SERVICES
4800 NORTH ST RD 7
SUITE F105
LAUDERDALE LAKES, FL 33319 US

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.

SIGNATURE: SHELDON GOLDBERG 03/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PRINCE, WILLIAM
Address: 3581 NW 95TH TERR. #605
City-St-Zip: SUNRISE, FL 33351

Title: TD ( ) Delete
Name: JOY, LINDA
Address: 3551 NW 95 TERR #301
City-St-Zip: SUNRISE, FL 33351

Title: VPD ( ) Delete
Name: BURNISTON, JENNIFER
Address: 3621 NW 95 TERRACE #524
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM PRINCE PD 03/06/2009
Electronic Signature of Signing Officer or Director Date