2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # 747775

1. Entity Name
WELLS CONDOMINIUM NO. IX ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3599 UNIVER. BLVD. S, STE 907 JACKSONVILLE, FL 32216	3599 UNIV BLVD SO SUITE #909 JACKSONVILLE, FL 32216

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03102008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2949609
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Whelchel
~~WHELGHER~~, CARL D III
3599 UNIVER. BLVD. S, STE 909
JACKSONVILLE, FL 32216

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000870485
04/09/08-80089-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHELCHEL, CARL D III
STREET ADDRESS	3599 UNIV BLVD SO SUITE #909
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	SD
NAME	MONA, MOHAMMED H
STREET ADDRESS	3599 UNIVERSITY BLVD. SO
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VTD
NAME	WHELCHEL, CARL D., III
STREET ADDRESS	3599 UNIV. BLVD. SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VPD
NAME	BAGNOLI, STEPHEN MD
STREET ADDRESS	3599 UNIV BLVD SO SUITE #901
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3-10-08 904-399-5678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C.D. Whelchel, M.D.