

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747775

FILED
Apr 10, 2009
Secretary of State

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

Current Principal Place of Business:

3599 UNIVER. BLVD. S, STE 907
JACKSONVILLE, FL 32216

New Principal Place of Business:

3599 UNIV. BLVD. SO.
SUITE #909
JACKSONVILLE, FL 32216

Current Mailing Address:

3599 UNIV BLVD SO SUITE #909
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-2949609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHELCHER, CARL D III
3599 UNIVER. BLVD. S, STE 909
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

WHELCHER, CARL D III
3599 UNIV. BLVD. SO.
SUITE #909
JACKSONVILLE, FL 32216 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: CARL D. WHELCHER, III

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHELCHER, CARL D III
Address: 3599 UNIV BLVD SO SUITE #909
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD () Delete
Name: MONA, MOHAMMED H
Address: 3599 UNIVERSITY BLVD. SO
City-St-Zip: JACKSONVILLE, FL

Title: VTD () Delete
Name: WHELCHER, CARL D., III
Address: 3599 UNIV. BLVD. SOUTH
City-St-Zip: JACKSONVILLE, FL

Title: VPD () Delete
Name: BAGNOLI, STEPHEN MD
Address: 3599 UNIV BLVD SO SUITE #901
City-St-Zip: JACKSONVILLE, FL 32216

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:

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: CARL D. WHELCHER, III

RA

04/10/2009

Electronic Signature of Signing Officer or Director

Date