

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747775

FILED
Jan 03, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

3599 UNIVERSITY 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 UNIVERSITY BLVD. SO.
SUITE #909
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WHELCHER, CARL D III
Address: 3599 UNIVERSITY BLVD. SO. #909
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD
Name: MONA, MOHAMMED H
Address: 3599 UNIVERSITY BLVD. SO. #905
City-St-Zip: JACKSONVILLE, FL 32216

Title: VTD
Name: WHELCHER, CARL D., III
Address: 3599 UNIVERSITY BLVD. SO. #909
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPD
Name: BAGNOLI, STEPHEN MD
Address: 3599 UNIVERSITY BLVD. SO. #901
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: CARL DAVIS WHELCHER, III

PD

01/03/2011

Electronic Signature of Signing Officer or Director

Date