

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **749836** (3)

1. Corporation Name

WELLEBY TOWNHOMES ASSOCIATION, INC.



| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 10191 W SAMPLE ROAD CORL SPRINGS FL 33065 | 10191 W SAMPLE ROAD CORL SPRINGS FL 33065-3976 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/19/1979 | 3a. Date of Last Report 05/01/1996 |
|--|--|

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|------------------------------------|--|
| 4. FEI Number 59-2049600 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

| |
|---|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

| |
|--|
| 9. Name and Address of Current Registered Agent |
| CALDERAZZO JAMES C/O JAL PROPERTY MGMT 10191 W SAMPLE RD CORAL SPRINGS FL 33065 |

| |
|---|
| 10. Name and Address of New Registered Agent |
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | DP <input type="checkbox"/> DELETE |
| NAME | KAPLAN, MARTIN |
| STREET ADDRESS | 9535 NW 38TH PL |
| CITY - ST - ZIP | SUNRISE FL |
| TITLE | DS <input type="checkbox"/> DELETE |
| NAME | HAMILTON, ELAIME |
| STREET ADDRESS | 3842 NW 95TH AVE. |
| CITY - ST - ZIP | SUNRISE FL |
| TITLE | DT <input type="checkbox"/> DELETE |
| NAME | FRANCES, ISAAC |
| STREET ADDRESS | 3899 NW 94TH AVE. |
| CITY - ST - ZIP | SUNRISE FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | ZINGALE, CARL |
| STREET ADDRESS | 9531 NW 38TH PLACE |
| CITY - ST - ZIP | SUNRISE FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | HOLSTE, RICHARD |
| STREET ADDRESS | 3831 N.W. 95TH WAY |
| CITY - ST - ZIP | SUNRISE FL 33351 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date:  _____ Daytime Phone # 0022211

CR2E037 (9/96)