

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749836

1. Entity Name

WELLEBY TOWNHOMES ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90144 031 ****61.25

Principal Place of Business

Mailing Address

10191 W SAMPLE ROAD
CORL SPRINGS FL 33065

10191 W SAMPLE ROAD
CORL SPRINGS FL 33065-3976

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2049600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDERAZZO JAMES
C/O JAL PROPERTY MGMT
10191 W SAMPLE RD
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	KAPLAN, MARTIN	
STREET ADDRESS	9535 NW 38TH PL	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HAMILTON, ELAINE	
STREET ADDRESS	3842 NW 95TH AVE.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FRANCES, ISAAC	
STREET ADDRESS	3899 NW 94TH AVE.	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZINGALE, CARL	
STREET ADDRESS	4531 NW 38TH PL	
CITY-ST-ZIP	SUNRISE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCGARVEY, JIM	
STREET ADDRESS	3807 NW 95TH WAY	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED ISAAC FRANCIS

1/12/00 954-746-3899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)