

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90063 015 \*\*\*\*61.25

**DOCUMENT # 749836**

1. Entity Name

WELLEBY TOWNHOMES ASSOCIATION, INC.



Principal Place of Business

10191 W SAMPLE ROAD  
CORL SPRINGS FL 33065

Mailing Address

10191 W SAMPLE ROAD  
CORL SPRINGS FL 33065

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

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

LEVIN, CHERYL J ESQ.  
COURTYARD BUSINESS CENTER  
4694 NW 103RD AVE  
SUNRISE FL 33351

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME KAPLAN, MARTIN ☐ Delete  
STREET ADDRESS 9535 NW 38TH PL  
CITY-ST-ZIP SUNRISE FL

TITLE DT  
NAME HAMILTON, ELAINE ☐ Delete  
STREET ADDRESS 3842 NW 95TH AVE.  
CITY-ST-ZIP SUNRISE FL

TITLE DVP  
NAME FRANCES, ISAAC ☐ Delete  
STREET ADDRESS 3899 NW 94TH AVE.  
CITY-ST-ZIP SUNRISE FL

TITLE D ☒ Delete  
NAME BELTMONTE, SUSAN  
STREET ADDRESS 9428 NW 38TH PLACE  
CITY-ST-ZIP SUNRISE FL

TITLE DS ☐ Delete  
NAME MCGARVEY, JIM  
STREET ADDRESS 3807 NW 95TH WAY  
CITY-ST-ZIP SUNRISE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Susanne Fuchs  
STREET ADDRESS 9425 NW 38th Ct  
CITY-ST-ZIP Sunrise, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

*Walter P. Fuchs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #