

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90043 011 ****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

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

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

7. Name and Address of New Registered Agent

Name Bauman, Bauman + Karner

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

7119 W. Broward Blvd

City Plantation

FL

Zip Code 33317

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]

DAVID M. BAUMAN

3.3.05

Signature and 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, 2005

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

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

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

TITLE D ☐ Delete
NAME FUKS, SUSANNE
STREET ADDRESS 9625 NW 38TH CT.
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
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☒ Change ☐ Addition
NAME Mary Evans
STREET ADDRESS 3826 NW 94th Ave
CITY-ST-ZIP Sunrise, FL

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin Kaplan Pres

Date

Daytime Phone #

2/8/05