

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2008 08:00 AM  
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

BAUMAN, BAUMAN, & KANNER  
7119 W. BROWARD BLVD  
PLANTATION FL 33317

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, 2008

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

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	FUKS, SUSANNE	
STREET ADDRESS	9625 NW 38TH CT.	
CITY- ST- ZIP	SUNRISE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	EVERY, MARY	
STREET ADDRESS	3825 NW 94 AVE	
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
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000823190  
02/20/08-80028-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Martin Kaplan*