

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759799 (0)

1. Corporation Name

WELLESLEY PARK CONDOMINIUM ONE ASSOCIATION, INC.



Principal Place of Business: C/O QUALITY MANAGEMENT & SERVICES, INC. 1761 W. HILLSBORO BLVD., SUITE 326 DEERFIELD BEACH FL 33442
Mailing Address: C/O QUALITY MANAGEMENT & SERVICES, INC. 1761 W. HILLSBORO BLVD., SUITE 326 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 08/20/1981
3a. Date of Last Report: 04/11/1995
4. FEI Number: 59-2481611
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent: QUALITY MANAGEMENT AND SERVICES, INC. 1761 W. HILLSBORO BLVD. SUITE 326 DEERFIELD BEACH FL 33442
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) City (84) State (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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CINCOU, JENO	
STREET ADDRESS	5951 WELLESLEY PARK DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROPOLFO, VISIL	
STREET ADDRESS	5951 WELLESLEY PK DRIVE #208	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	JACOBS, NORMOND	
STREET ADDRESS	5951 WELLESLEY PK DR. #106	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHAPIRO, CHARLES	
STREET ADDRESS	5951 WELLESLEY PARK DR #506	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BARRON, PAUL	
STREET ADDRESS	5957 WELLESLEY PARK DRIVE #505	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	JUNE SILVER	
STREET ADDRESS	5951 WELLESLEY PARK DRIVE # 406	
CITY-ST-ZIP	BOCA RATON FLA 33433	

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	200001763872
43 STREET ADDRESS	-04/01/96--01016--025
44 CITY-ST-ZIP	***61.25
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Paul Barron* 1/26/96 954-4270207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *PAUL BARRON PRES.* Date: _____ Official Phone: _____

CR2E037 (12/95)