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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
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 33442-1502

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)

3. Date Incorporated or Qualified: 08/20/1981

3a. Date of Last Report: 03/29/1996

4. FEI Number: 59-2481611 Applied For: Not Applicable

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

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 (P.O. Box Number is Not Acceptable)

83

84 City FL 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CINCOU, JENO	
STREET ADDRESS	5951 WELLESLEY PARK DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROPOLFO, VISIL	
STREET ADDRESS	5951 WELLESLEY PK DRIVE #208	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	<input checked="" 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	T	<input type="checkbox"/> DELETE
NAME	SILVER, JUNE	
STREET ADDRESS	5951 W BUESLEY PARK DRIVE #406	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANK ANTONACCI	
1.3 STREET ADDRESS	5951 WELLESLEY PARK DR #504	
1.4 CITY-ST-ZIP	BOCA RATON FL.	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JINA KANTOR	
2.3 STREET ADDRESS	5951 WELLESLEY PARK DR #202	
2.4 CITY-ST-ZIP	BOCA RATON FL.	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HOWARD SUNDEN	
3.3 STREET ADDRESS	5951 WELLESLEY PARK DR #207	
3.4 CITY-ST-ZIP	BOCA RATON FL.	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: June D. Silver JUNE D. SILVER 3-1-97 (954) 4270707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042941

CR2E037 (9/96)