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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 759800 (6)

1. Corporation Name
WELLESLEY PARK IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business: C/O QUALITY MGT & SERVICES, 1761 W. HILLSBOROUGH BLVD. STE 326, DEERFIELD BEACH FL 33442, US

Mailing Address: C/O QUALITY MGT & SERVICES, 1761 W. HILLSBOROUGH BLVD. STE 326, DEERFIELD BEACH FL 33442, US

3. Date Incorporated or Qualified: 08/26/1981
3a. Date of Last Report: 02/02/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2180628	Not Applicable
22	22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State	City & State	<input type="checkbox"/>	
23	23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	Country	<input type="checkbox"/>	
24	24 Zip	29 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Country	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
FRIDERICKO O. POKRAJAC QUALITY MGT & SERVICES 1761 W. HILLSBOROUGH BLVD, STE 326 DEERFIELD BEACH FL 33442		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP CINCOU, JENO 5951 WELLESLEY PARK DR BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			1.2 NAME	FRANK ANTONACCI
STREET ADDRESS			1.3 STREET ADDRESS	5951 WELLESLEY PARK DR #504
CITY-ST-ZIP			1.4 CITY-ST-ZIP	BOCA RATON FL.
TITLE	T RODOLFO, VISIL 5951 WELLESLEY PARK DR., #208 BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			2.2 NAME	INA KANTOR
STREET ADDRESS			2.3 STREET ADDRESS	5951 WELLESLEY PARK DR #208
CITY-ST-ZIP			2.4 CITY-ST-ZIP	BOCA RATON FL
TITLE	DV JACOBS, NORMOND 5951 WELLESLEY PARK DR. #108 BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME	HOWARD SUNDEN
STREET ADDRESS			3.3 STREET ADDRESS	5951 WELLESLEY PARK DR #207
CITY-ST-ZIP			3.4 CITY-ST-ZIP	BOCA RATON FL
TITLE	DV SHAPIRO, CHARLES 5951 WELLESLEY PK DR #506 BOCA RATON FL 33433	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	T SILVER, JUNE 5951 WELLESLEY PARK DR., #406 BOCA RATON FL 33433	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 DATE: 3-1-97 PHONE: (954) 427-0707

CFR2E037 (9/96)