


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 29 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Martham</b> , Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 759800 (6)</b>		
1. Corporation Name <b>WELLESLEY PARK IMPROVEMENT ASSOCIATION, INC.</b>		



Principal Place of Business		Mailing Address	
C/O QUALITY MGT & SERVICES 1761 W. HILLSBOROUGH BLVD. STE 326 DEERFIELD BEACH FL 33442 US		C/O QUALITY MGT & SERVICES 1761 W. HILLSBOROUGH BLVD. STE 326 DEERFIELD BEACH FL 33442 US	
2. Principal Place of Business	2a. Mailing Address		
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country	29 Zip	30 Country

3. Date Incorporated or Qualified <b>08/26/1981</b>	
4. FEI Number <b>59-2180628</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>FRIDERICKO D. POKRAJAC</b> <b>QUALITY MGT &amp; SERVICES</b> <b>1761 W. HILLSBOROUGH BLVD, STE 326</b> <b>DEERFIELD BEACH FL 33442</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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	P <input checked="" type="checkbox"/> DELETE
NAME	<b>ANTONACCI, FRANK</b>
STREET ADDRESS	<b>5951 WELLESLEY PARK DR</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	<b>KANTOR, INA</b>
STREET ADDRESS	<b>5951 WELLESLEY PARKER #202</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	<b>SUNDEN, HOWARD</b>
STREET ADDRESS	<b>5951 WELLESLEY PARK DR, #207</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	<b>SHAPIRO, CHARLES</b>
STREET ADDRESS	<b>5951 WELLESLEY PK DR #508</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	<b>SILVER, JUNE</b>
STREET ADDRESS	<b>5951 WELLESLEY PARK DR., #406</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Irene Arma</b>
1.3 STREET ADDRESS	<b>5951 Wellesley Park Dr.</b>
1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Rodolfo Vigil</b>
2.3 STREET ADDRESS	<b>5951 Wellesley Park Dr.</b>
2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Charles Shapiro</b>
3.3 STREET ADDRESS	<b>5951 Wellesley Park Dr.</b>
3.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>David Spofford</b>
4.3 STREET ADDRESS	<b>5951 Wellesley Park Dr.</b>
4.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Inetta Kantor</b>
5.3 STREET ADDRESS	<b>5951 Wellesley Park Dr.</b>
5.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Giorgio Bruscarino</b>
6.3 STREET ADDRESS	<b>5951 Wellesley Park Dr.</b>
6.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(3)(b), 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: Rodolfo Vigil **RODOLFO VIGIL** 7/21/98 (561) 750 4387

CR2E037 (5/98)