

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759800

1. Corporation Name
WELLESLEY PARK IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O QUALITY MGT & SERVICES 1781 W. HILLSBOROUGH BLVD. STE 326 DEERFIELD BEACH FL 33442 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/26/1981	59-2180628	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Zip	6. Election Campaign Financing	<input type="checkbox"/> Trust Fund Contribution	
24 Country	29 Country	30		

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRIDERICKO O. POKRAJAC QUALITY MGT & SERVICES 1781 W. HILLSBOROUGH BLVD, STE 326 DEERFIELD BEACH FL 33442	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMA, IRENE	1.2 NAME	
STREET ADDRESS	5951 WELLESLEY PARK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODOLFO, VIGIL	2.2 NAME	
STREET ADDRESS	5951 WELLESLEY PARK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, CHARLES	3.2 NAME	
STREET ADDRESS	5951 WELLESLEY PARK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOFFORD, DAVID	4.2 NAME	
STREET ADDRESS	5951 WELLESLEY PARK DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANTOR, INETTA	5.2 NAME	
STREET ADDRESS	5951 WELLESLEY PARK DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIORGIO, BRUSCARINO	6.2 NAME	
STREET ADDRESS	5951 WELLESLEY PARK DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	6.4 CITY-ST-ZIP	
TITLE	D	7.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODOLFO, VIGIL	7.2 NAME	
STREET ADDRESS	5951 WELLESLEY PARK DRIVE	7.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	7.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: RODOLFO VIGIL DATE: 2/3/99 DAYTIME PHONE: 750 4387

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99 JUL -9 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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7/16/99