


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 759800 1. Entity Name WELLESLEY PARK IMPROVEMENT ASSOCIATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE

01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2180628	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRIDERICKO O. POKRAJAC
 QUALITY MGT & SERVICES
 1761 W. HILLSBOROUGH BLVD, STE 326
 DEERFIELD BEACH, FL 33442

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re/instating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIGIL, RODOLFO 5951 WELLESLEY PARK DR. 208 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALDERON, CARLOS 5951 WELLESLEY PARK DR. 201 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARMA, IRENE WELLESELY PARK DR. 706 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAPIRO, CHARLES 5951 WELLESLEY PARK DR. 506 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THAU, ALBERT 5951 WELLESLEY PARK DR. 701 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000010779
 01/23/04-80012-005 61.25

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rodolfo Vigil* RODOLFO VIGIL 1-15-04 954-427-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #