

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90093 013 ****61.25

DOCUMENT # 760330

1. Entity Name

WELICAN COVE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

INC.
 6110 N. OCEAN BLVD
 OCEAN RIDGE FL 33435

INC.
 6110 N OCEAN BLVD
 OCEAN RIDGE FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2165573

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PERRY, MARK~~
 50 SE 4TH AVE
 DELRAY BEACH FL 33483

THOMAS ANSBRO

Name **THOMAS ANSBRO, ESQ**
 Street Address (P.O. Box Number is Not Acceptable)
3107 STIRLING RD SUITE 300
 City **LAUDERDALE, FL** Zip Code **33312**

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.

SIGNATURE

Thomas Ansbro

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLACK, VAN-LEAR 6110 N. OCEAN BLVD #10 OCEAN RIDGE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANTERO, LAWRENCE 6110 N. OCEAN BLVD #8 OCEAN RIDGE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLUM, TOM 6110 N. OCEAN BLVD, #27 OCEAN RIDGE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAMPBELL, MARY 6110 N. OCEAN BLVD #32 OCEAN RIDGE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOWNSEND, JOHN 6110 N. OCEAN BLVD #28 OCEAN RIDGE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. HUGH DOWNE 6110 N. OCEAN BL # 30 OCEAN RIDGE, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, U.P. DON-MICHAEL BIRD 6110 N. OCEAN BL # 38 OCEAN RIDGE FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, U.P. MADELEINE PERNET 6110 N. OCEAN BL # 21 OCEAN RIDGE, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.S. FRED SMITH 6110 N OCEAN BL # 29 OCEAN RIDGE, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.I. DOMINIC DI MARRIO 6110 N. OCEAN BL #24 OCEAN RIDGE, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Hugh W. Downe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugh W. Downe, Pres 5617341624
 Date Daytime Phone #

CR2E037 (9/01)