

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90089 045 ****70.00

DOCUMENT # 766495 1. Entity Name WELLS RIDGE ONE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business PROFESSIONAL COMMUNITY MGMT., INC. 1732 KINGSLEY AVE., STE. 202 ORANGE PARK, FL 32073 US		Mailing Address C/O PROFESSIONAL COMMUNITY MGMT, INC. 1732 KINGSLEY AVE, STE 202 ORANGE PARK, FL 32073 US	
2. Principal Place of Business Suite, Apt. #, etc. <i>Professional Community Mgt. Inc.</i> <i>786 Blanding Blvd. #118</i> <i>Orange Park, FL 32065</i>		3. Mailing Address Suite, Apt. #. <i>Professional Community Mgt. Inc.</i> <i>786 Blanding Blvd. #118</i> <i>Orange Park, FL 32065</i>	
Zip Country _____		Zip Country _____	
4. FEI Number 59-2357790		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERRY, ALAN 1732 KINGSLEY AVENUE STE 202 ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number) City State Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EURIE, TONIA 85 DEBRARY AVE. #1065 ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT BURSON, MICHAEL H 85 DEBARRY AVE., # 1064 ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LESLEN, BILL 85 DEBAROY AVE. #1044 ORANGE PARK, FL 32073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Roger Sloan 85 Debarry Ave # 1081 Orange Park, FL. 32073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT John Kieschner 85 Debarry Ave # 1063 Orange Park FL 32073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	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: <i>Tonia Curie</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>4/28/05</i> Daytime Phone #: <i>298-2321</i>	