## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

| 1. Entity Name WELLS RIDGE ONE CONDOMINIUM ASSOCIATION, INC.  |   |  |  | 0   | 5-06-2005 90089                            | 9 045 ****70.  | 00                                     |
|---|---|--|--|---|--|--|--|
| 1732 KINGS  | e of Business<br>AL COMMUNITY MGMT., INC.<br>EY AVE., STE. 202<br>IK, PL 32073 US   | Mailing Address<br>C/O PROFESSIONAL COM<br>1732 KINGSLEY AVE, STI<br>ORANGE PARR, EL 3207  | E 202<br>73 US   |   | 1 BHII BARR IBIR 1HI BAR BI                | EN BJEN ENEN ENEN ENEN   | ###################################### |
| Principal Place of Business     No.   |   | 3. Mailing Address   | ailing Address , Mg. No.   |   |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #. mmuning   | Suite, Apt. #. muriny Mg. mc.  |   | hg-NP CR                                   | 2E037 (10/03)  |  |
| Crotessional Community Crotessional Blvd. #118 Crotessional Blvd. #18 786 Blanding Blvd. FL 32065 786 Blanding Park. FL 32065   |   | Cole Blancing FL 32  | Suite, Apt. #  |   | 90   | <del></del>  | pplied For<br>Applicable               |
| Zip   | Country   | ZipOra   | Country  | 5. Certificate of S   | tatus Desired                              | \$8.75 Add<br>Fee Required   |  |
| 6. Name and Address of Current Registered Agent   |   |  |  | 7. Name and Address of New Registered Agent   |  |  |  |
| PERRY, ALAN   |   |  |  | Street Address (P.O. Box Number  Nam Perry  Nam Perry  186 Blanding Blvd. #118  City Orange Park. FL 32065  Tell Zip Code |  |  |  |
| 1792 KINGSLEY AVENUE<br>STE 202<br>ORANGE PARK, FL 32073  |   |  | Sueet  |   |  |  |  |
| Olyman  | EARK, I E SEOFS   |  | City   | City Orange Park, FL 322  |  |  |  |
| 8. The above  | named entity submits this statement for   | or the purpose of changing its re  | egistered office or  |   |  | <u> 1 </u>   | and accept                             |
| the obligat   | ions of registered agent.   |  |  |   |  |  |  |
| SIGNATURE.  |   |  |  |   |  |  |  |
| 0.0   | Signature, typed or printed name of registered agent  | and title if applicable (NOTE)   |  |   |  |  |  |
| L   | ogrados, typos or printes mano orregistarios agori  | and the mappicable. (NOTE:   | Registered Agent signati   | ure required when reinstating)  | D.   | ATE  |  |
|   | Filing Fee is \$61.25<br>Due by May 1, 2005   | 9. Election Camp<br>Trust Fund Co  | paign Financing  | \$5.00 May Be Added to Fees   | Make c                                     | heck payable to epartment of St  |  |
| 10.   | Filing Fee is \$61.25<br>Due by May 1, 2005<br>OFFICERS AND DI  | 9. Election Camp<br>Trust Fund Co  | paign Financing ontribution.   | \$5.00 May Be Added to Fees ADDITIONS/CHANC   | Make c                                     | heck payable to<br>epartment of St<br>ID DIRECTORS IN  | tate                                   |
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I nereby 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR