## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 12, 2006 8:00 am Secretary of State

DOCUMENT # 766495  1. Entity Name WELLS RIDGE ONE CONDOMINIUM ASSOCIATION, INC.									04-12-2006	5 90070 (	033 ****70	.00
PROFESSIONAL COMMUNITY MGMT., INC. PI 786 BLANDING BLVD, #118 7.				Mailing Address PROFESSIONAL COMMUNITY MGMT., INC. 786 BLANDING BLVD, #118 ORANGE PARK, FL 32065 US				40046540				
2. Principal Place of Business			3. Maili	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01182006	Chg-NP	CR2	E037 (11/05)	
City & Stat	e	IMUNITY MGMT., INC. D, #118 B2065 US Business Country Country Lame and Address of Current R		City & State				4. FEI Numb 59-235				pplied For ot Applicable
Zip		Country	- Zip		Co	ountry -		5. Certificate	of Status Desire	i 🗡	\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registere	d Agent		Name		7. Name and	Address of Nev	w Registere	d Agent	
PERRY, ALAN 786 BLANDING BLVD, #118				i -			ddress (f	P.O. Box Numb	er is Not Accepta	able)		
ORANGE	PARK, FL	. 32065										
						City			•	F	Zip Cod	le
8. The above the obligat	named entit tions of regis	ty submits this statement for tered agent.	or the purpo	se of changing its	s registe	red office o	r registeri	ed agent, or bo	th, in the State of	_		and accept
SIGNATURE .	Signature, typed	d or printed name of registered agent	and title if appl	cable. (NO	TE: Register	red Agent signal	barkupar eru	when reinstating)		DAT	E	<del></del>
	-			9. Election Ca Trust Fund				\$5.00 May I Added to Fees	Be F		eck payable to	
10.	Due by i		RECTORS			ition.		Added to Fees	FIANGES TO OFFI	lorida Dep	partment of S	itate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EURIE, T	Ray 1, 2006 OFFICERS AND DI	RECTORS		11. TITE NAME STR	ition.		Added to Fees	F	lorida Dep	partment of S	itate
TITLE NAME STREET ADDRESS	DS EURIE, T 85 DEBR ORANGE DP BURSON 85 DEBA	OFFICERS AND DI ONIA ARY AVE. #1065	RECTORS	Trust Fund	TITE NAM STR CIT NAM STR	LE ME REET ADDRESS Y-ST-ZIP		Added to Fees	F	lorida Dep	DIRECTORS IN	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DUE by MODE TO BE URIE, TO BE URIE, TO BE URIE, TO BURSON B5 DEBAL ORANGE DV SLOAN, FOR B5 DEBAL B5 DE	OFFICERS AND DI ONIA ARY AVE. #1065 PARK, FL 32073 I, MICHAEL H RRY AVE., #1064 PARK, FL 32073	RECTORS	Trust Fund	CONTRIBUTE  11.  11.  11.  NAM STR CIT  11.  NAM STR CIT  TITI NAM STR	LLE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	A	Added to Fees	F	lorida Dep	DIRECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DUE by MEDICAL DESTRUCTION OF THE PROPERTY OF	OFFICERS AND DI ONIA ARY AVE. #1065 PARK, FL 32073  I, MICHAEL H RRY AVE., #1064 PARK, FL 32073	RECTORS	Trust Fund	CONTRIBU	LLE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	A	Added to Fees	F	lorida Dep	DIRECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DUE by MEDICAL DESTRUCTION OF THE PROPERTY OF	OFFICERS AND DI ONIA ARY AVE. #1065 E PARK, FL 32073 I, MICHAEL H RRY AVE., #1064 E PARK, FL 32073 ROSER RRY AVE, #1081 E PARK, FL 32073 INER, JOHN RRY AVE, #1063	RECTORS	Trust Fund	CONTRIBU	LLE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME AGET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP	A	Added to Fees	F	lorida Dep	DIRECTORS IN Change	N 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	DUE by MEDICAL DESTRUCTION OF THE PROPERTY OF	OFFICERS AND DI ONIA ARY AVE. #1065 E PARK, FL 32073 I, MICHAEL H RRY AVE., #1064 E PARK, FL 32073 ROSER RRY AVE, #1081 E PARK, FL 32073 INER, JOHN RRY AVE, #1063	RECTORS	Trust Fund	CONTRIBU	LLE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME ME ME REET ADDRESS	A	Added to Fees	F	lorida Dep	DIRECTORS IN  Change  Change	N 10 Addition Addition Addition

of the corporation or the receiver or trustee empowered to execute this report a changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/0L Date

(904)298-232