


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**


04-26-2007 90197 026 \*\*\*\*70.00

<b>DOCUMENT # 766495</b>		
1. Entity Name <b>WELLS RIDGE ONE CONDOMINIUM ASSOCIATION, INC.</b>		

Principal Place of Business <b>PROFESSIONAL COMMUNITY MGMT., INC. 786 BLANDING BLVD, #118 ORANGE PARK, FL 32065 US</b>	Mailing Address <b>PROFESSIONAL COMMUNITY MGMT., INC. 786 BLANDING BLVD, #118 ORANGE PARK, FL 32065 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40000000



02222007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2357790</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>PERRY, ALAN 786 BLANDING BLVD, #118 ORANGE PARK, FL 32065</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EURIE, TONIA			NAME			
STREET ADDRESS	85 DEBRARY AVE. #1065			STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK, FL 32073			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURSON, MICHAEL H			NAME			
STREET ADDRESS	85 DEBARRY AVE., # 1064			STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK, FL 32073			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLOAN, ROBERT			NAME			
STREET ADDRESS	85 DEBARRY AVE, #1081			STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK, FL 32073			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIESCHNER, JOHN			NAME			
STREET ADDRESS	85 DEBARRY AVE, #1063			STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK, FL 32073			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Michael H Burson **4-23-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #