

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED FEB 29 1996

DOCUMENT # 769915 (0)
1. Corporation Name
NOB HILL AT WELLEBY HOMEOWNERS' ASSOCIATION, INC



Principal Place of Business % COOPERATIVE MANAGEMENT 5310 N SR 7 FT LAUDERDALE FL 33319	Mailing Address % COOPERATIVE MANAGEMENT 5310 N SR 7 FT LAUDERDALE FL 33319
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3. Date Incorporated or Qualified 08/19/1983	3a. Date of Last Report 03/15/1995
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2. Principal Place of Business 21 do DCI		2a. Mailing Address 26 do DCI	
Suite, Apt. #, etc. 22 2901 Simms St		Suite, Apt. #, etc. 27 2901 Simms St	
City & State 23 Hollywood FL		City & State 28 Hollywood FL	
Zip 24 33220	Country 25 USA	Zip 29 33220	Country 30 USA

4. FEI Number 59-2378077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ALAN R. COHEN
5310 N. STATE ROAD 7
SUITE D
FORT LAUDERDALE FL 33319**

10. Name and Address of New Registered Agent
81 Name **DCI ANDREW MYEROWITZ C/O D.C.I. INC.**
82 Street Address (P.O. Box Number is Not Acceptable)
2901 Simms St
83 **V**
84 City **Hollywood** FL 85 Zip Code **33220**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
Printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)
DATE **3/29/96**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALSH, JOYCE 9749 N.W. 37 ST. SUNRISE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTER, BARBARA 9769 NW 37 ST SUNRISE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, ROBERT H 9805 NW 37TH ST. SUNRISE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENEA RANDALL 9743 NW 37ST SUNRISE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOLFE, BARRY 9809 NW 37 ST SUNRISE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN *2

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VPD SENEA RANDALL 9743 N.W. 37TH St. SUNRISE, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PD BARRY WOLFE 9809 N.W. 37th ST. SUNRISE, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D CHRIS BRENNAN 9729 N.W. 37TH ST. SUNRISE, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joyce Walsh* *Joyce Walsh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/22/96** DAYTIME PHONE #: **931 746 8977**

CR2E037 (12/95)