FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

30

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

C/O DCI MYEROWITZ, ANDREW

C/O DCI

21

22

23 Zip

24

12.

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-2IP

CITY-ST-ZIP

2901 SIMMS ST

HOLLYWOOD FL 33020

Suite, Apt. #, etc.

2901 SIMMS ST

HOLLYWOOD FL 33020

TD

WALSH, JOYCE

SUNRISE FL

9749 N.W. 37 ST.

CARTER, BARBARA

9769 NW 37 ST

BERNNAN, CHRIS

9729 NW 37TH ST

SUNRISE FL

SUNRISE FL

SUNRISE FL

WOLFE, BARRY

9809 NW 37TH ST

SUITE D

City & State

769915

Country

9. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

(0)

Mailing Address

2901 SIMMS ST

HOLLYWOOD FL 33020

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

C/O DCI

26

27

NOB HILL AT WELLEBY HOMEOWNERS' ASSOCIATION, INC

Secretary of State 3. Date Incorporated or Qualified 08/19/1983 Applied For Not Applicable 59-2378077 \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? Yes No Country This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent R1 Name Street Address (P.O. Box Number is Not Acceptable) **B3** 84 City 85 Zip Code 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 recistered 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. (NOTE: Registered Agent signatu ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (10/97 13. 1.1 TITLE Change Addition | 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP Change Addition 2.1 TITLE Bruce Davi OSON 2.2 NAME 341 nw3755 25351 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP Prosident Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP Addition Change 4.1 TITLE

FILED

Mar 24 1998 8:00am

SUNCE 6.4 CITY-ST-ZIP 14. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-<u>ST-ZIP</u>

SIGNATURE:

33351

Don Kumberlu

9814 HW3681

9803167

Change

Change

Addition

Addition