2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769915

1. Entity Name

C/O DCI

2901 SIMMS ST HOLLYWOOD FL 33020

Principal Place of Business

NOB HILL AT WELLEBY HOMEOWNERS' ASSOCIATION, INC



Mailing Address
C/O DCI
2901 SIMMS ST
HOLLYWOOD FL 33020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED Aug 17, 2000 8:00 am Secretary of State

03-24-2000 90058 019 ****61.25 08-17-2000 90002 007 ****61.25



Suite, Apt. #, etc. S			uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State C			ity & State			4. FEI Number 59-2378077			—	Applied For Not Applicable
Zip Country Zi			p Country			5. Certificate of Status Desired S8.7 Fee Re				additional ired
	6. Name and Address of Curre	d Agent	7	7. Name and Address of New Registered Agent						
	-	^		- Name				•		1
C/O DCI MYEROWITZ, ANDREW 2901 SIMMS ST SUITE D					Street Address (P.O. Box Number is Not Acceptable) City Zip Code					
HOLLYWOOD FL 33020			City					F		ode
8. The above	named entity submits this statement	t for the purp	ose of changing its r	egistered office	or registered	agent, or both	n, in the stat	e of Florida.		
	,				-			,		
-			•							(
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if ann	licable (NOTE)	Registered Agent sign	natura reduired wh	en reinstating)	·	DATE		
<u> </u>	Signature, types of princes harro or registered ag	——————————————————————————————————————	(1012	Trogistorou / igorit orgi	ALSO TO GAMES WITH					
	FILE NOW: FEE IS \$61.25 ember 13, 2000 min. will be				OO May Be d to Fees		Make Check Payable to Department of State			
10.	OFFICERS AND	DIRECTORS		11.	AD	DITIONS/QHA	NGES TO	OFFICERS AND C	IRECTORS	IN 10
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NAME	WALSH, JOYCE			NAME		ce Wal.] !
STREET ADDRESS	9749 N.W. 37 ST.			STREET ADDRESS		N.W. 3		-		
CITY-ST-ZIP	SUNRISE FL			CITY-ST-ZIP		SISE FL		<u>381</u>		
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NAME	BERNNAN, CHRIS			NAME	EVER	ARA CAR	शक्र			
STREET ADDRESS	9729 NW 37TH ST			STREET ADDRESS CITY-ST-ZIP	19769	1 NM 37	7, 27	~~~~!		1
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			<u> </u>			PISE FL		33337		- , ,
12. I hereby of	certify that the information supplied v	vith this filing It is true and	does not quality for accurate and that m	ine exemption s v signature shat	taled in Secti I have the sar	ion 119:07(3)(i me legal effect), Florida St Las if made	atutes. I further ci under oath: that l	ertify that the lam an offic	er or director

12. I hereby 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

2-11-00

Davidina Ohava &

, HZEU3/ (5/00)