

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90017 023 ****61.25

DOCUMENT # 769915

1. Entity Name

NOB HILL AT WELLEBY HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

C/O DCI
 2035 HARDING STREET #200
 HOLLYWOOD FL 33020
 US

C/O DCI
 2035 HARDING STREET #200
 HOLLYWOOD FL 33020
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2378077

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C/O DCI MYEROWITZ, ANDREW
 2035 HARDING STREET #200
 HOLLYWOOD FL 33020

Name **C/O DCI ATTY: ANDREW MEYROWITZ**
 Street Address (P.O. Box Number is Not Acceptable)
2035 HARDING ST SUITE 200
HOLLYWOOD
 City **FL** Zip Code **33020**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Delete
NAME	WALSH, JOYCE	
STREET ADDRESS	9749 N.W. 37 ST.	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	P	<input type="checkbox"/> Delete
NAME	LOWENSTEIN, RITA	
STREET ADDRESS	9747 NW 37TH ST	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARTER, BARBARA	
STREET ADDRESS	9729 NW 37TH ST	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUER, JOE	
STREET ADDRESS	9833 NW 37TH ST	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLFE, BARRY	
STREET ADDRESS	9809 NW 37TH ST	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

JOYCE WALSH

1/28/02

JAN 30 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/01)