

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90269 043 ****61.25

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01132005 Chg-NP CR2E037 (10/03)

DOCUMENT # 769915 1. Entity Name NOB HILL AT WELLEBY HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O DCI 2035 HARDING STREET #200 HOLLYWOOD, FL 33020 US			Mailing Address C/O DCI 2035 HARDING STREET #200 HOLLYWOOD, FL 33020 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2378077	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent C/O DCI ATTN: ANDREW MEYROWITZ 2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CARTER, BARBARA L <input type="checkbox"/> Delete 9729 NW 37 STREET SUNRISE, FL 33351		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Piano, Isabel M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9771 NW 37 St. Sunrise, FL 33351	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARVIN, CLARK <input type="checkbox"/> Delete 9815 NW 36 STREET SUNRISE, FL 33351		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BEARD, GAIL <input type="checkbox"/> Delete 9727 NW 37 STREET SUNRISE, FL 33351		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CACERES, GISELA <input type="checkbox"/> Delete 9745 NW 37TH STREET SUNRISE, FL 33351		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Barbara L. Carter</u> <u>Barbara L. CARTER</u>			4/19/05 954-742-9255		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		