

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


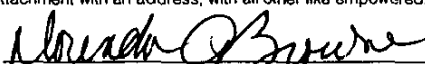
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Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90202 049 ****61.25

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01092008 Chg-NP CR2E037 (12/06)

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		
3. Principal Place of Business - No P.O. Box # Assoc. Svcs. of FL		3. Mailing Address C/O Assoc. Svcs. of FL			
Suite, Apt. #, etc. 10112 USA Today Way		Suite, Apt. #, etc. 10112 USA Today Way			
City & State MIAMI, FL.		City & State MIAMI, FL			
Zip 33025	Country BROWARD	Zip 33025	Country BROWARD	4. FEI Number 59-2378077	
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 BARBARA HERNDON Street Address (P.O. Box Number is Not Acceptable) C/O Assoc. Svcs. of FL 10112 USA Today Way City MIAMI, FL Zip Code 33025	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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 BROWN, DORINDA 9805 NW 35 COURT FORT LAUDERDALE, FL 33351 <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	D PERRON, PAULETTE 3536 NW AVENUE FORT LAUDERDALE, FL 33351 <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	VPD BEARD, GAIL 9727 NW 37 STREET SUNRISE, FL 33351 <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	PD GARVIN, CLARK 9814 NW 36TH ST SUNRISE, FL 33351 <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	P HENDERSON, JOHN 9814 NW 36TH ST SUNRISE, FL 33351 <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 exemptions contained in Chapter 119, 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: 		4/23/08		954-818-0534	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	