


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90114 035 ****61.25

DOCUMENT # 769916	
1. Entity Name NOB HILL AT WELLEBY CONDOMINIUM, INC.	

Principal Place of Business % CASTLE MANAGEMENT, INC. 4450 W SUNRISE BLVD., C100 PLANTATION FL 33313 US	Mailing Address % CASTLE MANAGEMENT, INC. 4450 W SUNRISE BLVD., C100 PLANTATION FL 33313 US
---	---

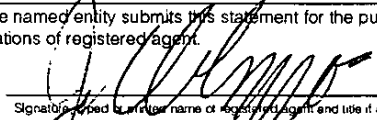
2. Principal Place of Business J+L Property Mgmt Inc Suite, Apt. #, etc. 200	3. Mailing Address 10191 W. Sample Rd Suite, Apt. #, etc.
---	--

City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33065	Zip 33065
Country USA	Country USA

1st MOORE	CR2E037 (10/04)
4. FEI Number 59-2378181	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent CASTLE MANAGEMENT INC. 4450 W SUNRISE BLVD. PLANTATION FL 33313	7. Name and Address of New Registered Agent Name James Calderazzo Street Address (P.O. Box Number is Not Acceptable) 10191 W. Sample Rd Suite 200 City Coral Springs FL Zip Code 33065
---	--

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 	DATE 4/1/05
---	---	-----------------------

FILE NOW: 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	PD WILLEY, JOHN J R 9841 NW 37TH 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	VD WILLEY, JANE 4841 NW 37TH 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	STD VERNIN, SUSAN B 9804 NW 37TH 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
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: 	PRESIDENT JOHN A. WILLEY, JR.	Date 4-28-05	Daytime Phone # 954-749-1098
--	--	------------------------	--