

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90013 041 ****61.25

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1. Entity Name

NOB HILL AT WELLEBY CONDOMINIUM, INC.



Principal Place of Business

J & L PROPERTY MANAGEMENT, INC.
200
POMPANO BEACH FL 33065
US

Mailing Address

10191 W SAMPLE ROAD
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2378181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALDERAZZO, JAMES
10191 W SAMPLE ROAD
SUITE 200
POMPANO BEACH FL 33065

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLEY, JOHN J R	
STREET ADDRESS	9841 NW 37TH ST	
CITY-ST-ZIP	SUNRISE FL 33351	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILLEY, JANE	
STREET ADDRESS	4841 NW 37TH ST.,	
CITY-ST-ZIP	SUNRISE FL 33351	

TITLE	STD	<input type="checkbox"/> Delete
NAME	VERIN, SUSAN B	
STREET ADDRESS	9804 NW 37TH ST	
CITY-ST-ZIP	SUNRISE FL 33351	

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, JOHN	
STREET ADDRESS	3534 NW 99TH AVENUE	
CITY-ST-ZIP	SUNRISE, FL 33351	

TITLE	SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWNE, DORINDA	
STREET ADDRESS	9805 NW 35TH COURT	
CITY-ST-ZIP	SUNRISE, FL 33351	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERIN, SUSAN	
STREET ADDRESS	9804 NW 37TH STREET	
CITY-ST-ZIP	SUNRISE, FL 33351	

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 exemptions contained in Section 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: *Susan B Verin* *Susan B Verin* 3/3/06 739-2080