

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90021 006 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

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

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 not used when constituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 **P** ☐ Delete
NAME HENDERSON, JOHN
STREET ADDRESS 3534 NW 99TH AVE
CITY-STATE-ZIP SUNRISE FL 33351

TITLE **ST** ☐ Delete
NAME BROWNE, DORINDA
STREET ADDRESS 9805 NW 35TH CT
CITY-STATE-ZIP SUNRISE FL 33351

TITLE **VP** ☒ Delete
NAME VERNIN, SUSAN B
STREET ADDRESS 9804 NW 37TH ST
CITY-STATE-ZIP SUNRISE FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TREASURER** ☐ Change ☒ Addition
NAME LUKOS, ADAM
STREET ADDRESS 9820 NW 36 STREET
CITY-STATE-ZIP SUNRISE, FL 33351

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME RODRIGUEZ, SANDRA N.
STREET ADDRESS 9742 NW 37 STREET
CITY-STATE-ZIP SUNRISE, FL 33351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Sandra N. Rodriguez

2/27/2008

954-746-5277