

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769916

FILED
Jan 19, 2009
Secretary of State

Entity Name: NOB HILL AT WELLEBY CONDOMINIUM, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O J & L PROPERTY MGMT
10191 W SAMPLE RD #203
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

10191 W SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

New Mailing Address:

C/O J & L PROPERTY MGMT
10191 W SAMPLE RD #203
CORAL SPRINGS, FL 33065 US

FEI Number: 59-2378181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CALDERAZZO, JAMES
10191 W SAMPLE ROAD
SUITE 203
CORAL SPRINGS, FL 33065 US

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.

SIGNATURE:

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENDERSON, JOHN
Address: 3534 NW 99TH AVE
City-St-Zip: SUNRISE, FL 33351

Title: VP () Delete
Name: BROWNE, DORINDA
Address: 9805 NW 35TH CT
City-St-Zip: SUNRISE, FL 33351

Title: S () Delete
Name: RODRIGUEZ, SANDRA N
Address: 9742 NW 37 STREET
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES CALDERAZZO

RA

01/19/2009

Electronic Signature of Signing Officer or Director

Date