


FILED
May 02, 2007 8:00 am
Secretary of State

<h1 style="margin: 0;">DOCUMENT # 770439</h1>		
1. Entity Name WELLS RIDGE TWO CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business PROFESSIONAL COMMUNITY MGT. INC. 786 BLANDING BLVD. #118 ORANGE PARK, FL 32065 US		Mailing Address PROFESSIONAL COMMUNITY MGT. INC. 786 BLANDING BLVD. #118 ORANGE PARK, FL 32065 US
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
6. Name and Address of Current Registered Agent		
ALAN PERRY 786 BLANDING BLVD. #118 ORANGE PARK, FL 32065		Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP O'LEARY, STEVE 85 DEBARRY AVE #2062 ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS COOPERMAN, MARY 650 DEBARRY SUE 2073 ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MAUPIN, DEBORAH 85 DEBARRY AVE #2042 ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete
11.		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FO	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS M 85 0	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 610, F.S., changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Steve M. O'Leary</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		