2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #770439



FILED

May 02, 2007 8:00 am Secretary of State

05-02-2007 90042 022 ****70.00 WELLS RIDGE TWO CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address PROFESSIONAL COMMUNITY MGT. INC. PROFESSIONAL COMMUNITY MGT. INC. 786 BLANDING BLVD. #118 786 BLANDING BLVD. #118 ORANGE PARK, FL 32065 ORANGE PARK, FL 32065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 02222007 CR2E037 (12/06) 4. FEI Number 59-2373034 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALAN PERRY 786 BLANDING BLVD, #118 Street Address (P.O. Box Number is Not Acceptable) ORANGE PARK, FL 32065 City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ΠP Delete পিস TITLE TITLE ☐ Addition NAME O'LEARY, STEVE NAME 85 DEBARRY AVE #2062 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP DVS ☐ Delete Change ☐ Addition TITLE TITLE COOPERMAN, MARY NAME NAME STREET ADDRESS 650 DEBARRY SUE 2073 STREET ADDRESS ORANGE PARK, FL 32073 CITY-ST-ZIP CITY-ST-ZIP DT TITLE Delete TITLE DS Change ddition MAUPIN, DEBORAH NAME NAME STREET ADDRESS 85 DEBARRY AVE #2042 STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL. 32073 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of 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 any address, with all other receivered.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS