2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

N01000005762

1. Entity Name
WELBY WAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3592 GARDENVIEW WAY TALLAHASSEE, FL 32309 US	P.O. BOX 14974 TALLAHASSEE, FL 32317-4974 US

DO NOT WRITE IN THIS SPACE

D1142006

4. FEI Number
20-0149534
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

6. Name and Address of Current Registered Agent

POTTER, MARLENE N
3592 GARDENVIEW WAY
TALLAHASSEE, FL 32309

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	POTTER, MARLENE N
STREET ADDRESS	3592 GARDENVIEW WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	VTD
NAME	POTTER, PHILIP E
STREET ADDRESS	3592 GARDENVIEW WAY
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/06-80009-007 61.25

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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marlene N Potter Marlene N Potter 1/17/06 850-893-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #