


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90105 009 \*\*\*\*61.25

<b>DOCUMENT # N01000005762</b>			
1. Entity Name <b>WELBY WAY CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business 1391 TIMBERLANE ROAD TALLAHASSEE FL 32312		Mailing Address 1391 TIMBERLANE ROAD TALLAHASSEE FL 32312	
2. Principal Place of Business <i>31300 Blue Star Highway</i>		3. Mailing Address <i>P.O. Box 14974</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Midway FL</i>		City & State <i>Tallahassee FL</i>	
4. FEI Number <b>APPLIED FOR</b> <i>20-0149534</i>	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>BIST, MICHAEL P. GARDNER, DUGGAR, BIST &amp; WIENER, P.A. 1300 THOMASWOOD DR. TALLAHASSEE FL 32312</b>		7. Name and Address of New Registered Agent Name <i>Marlene N. Potter</i> Street Address (P.O. Box Number is Not Acceptable) <i>3592 Gardenview Way</i> City <i>Tallahassee</i> <b>FL</b> Zip Code <i>32309</i>	
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 <i>Marlene N. Potter</i>		SIGNATURE <i>Marlene N. Potter</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE		DATE	



CHECK HERE IF MAKING CHANGES

<b>FILE NOW: FEE IS \$61.25</b> <b>After September 10, 2003, min will be \$236.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>VAUSE, J. LEE</b> <b>PO BOX 1236</b> <b>TALLAHASSEE FL 32302</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S/D</b> <b>MARLENE N. POTTER</b> <b>3592 GARDENVIEW WAY</b> <b>TALLAHASSEE FL 32309</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>DUGGAR, THOMAS E</b> <b>1391 TIMBERLANE DR.</b> <b>TALLAHASSEE FL 32312</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T/D</b> <b>PHILIP E. POTTER</b> <b>3592 GARDENVIEW WAY</b> <b>TALLAHASSEE FL 32309</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>NIXON, F. C.</b> <b>1391 TIMBERLANE DR.</b> <b>TALLAHASSEE FL 32312</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Marlene N. Potter* **REQUIRED** *8/12/03* *850-893-8101*

CR2E037 (4/03)