## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N02000000426

1. Entity Name

WELLHOUSE ESTATES HOMEOWNERS ASSOCIATION,

INC.

Principal Place of Business

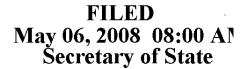
6015 MORROW ST E SUITE 107

JACKSONVILLE, FL 32217

Mailing Address

6015 MORROW ST E SUITE 107

JACKSONVILLE, FL 32217





DO	NOT	WRITE	.IN	THIS	SPA	CE
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04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 04-3594987 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANNING MANAGEMENT INC 6015 MORROW ST E SUITE 107 JACKSONVILLE, FL 32217

## DO NOT WRITE IN THIS SPACE

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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE								
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	1100000949506			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD CASH, SHELDON 10239 WELLHOUSE COURT JACKSONVILLE, FL 32220	CTORS			06/03/08-80032-003 61.25			
NAME STREET ADDRESS CITY-ST-ZIP	BUCHANAN, JOSEPH 10237 JOHNNA KAY JACKSONVILLE, FL 32220							
NAME STREET ADDRESS CITY-ST-ZIP	STD GRAY, DANNIE 10226 SARAH FRANCES LANE JACKSONVILLE, FL 32220		DO NOT WRITE					
NAME STREET ADDRESS CITY-ST-ZIP	·			iN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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 if changed, or on an attachment with an address, with all other like empowered.								

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR