

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008925

FILED
Apr 26, 2005
Secretary of State

Entity Name: WELLSLEY PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

LAUREN MAIN
2338 MATHESON DRIVE
JACKSONVILLE, FL 32246 US

Current Mailing Address:

LAUREN MAIN
2338 MATHESON DRIVE
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

WELLSLEY PLACE HOMEOWNERS ASSOCIATION, INC
PMB 265: 12620-3 BEACH BOULEVARD
JACKSONVILLE, FL 32246 US

New Mailing Address:

WELLSLEY PLACE HOMEOWNERS ASSOCIATION, INC
PMB 265: 12620-3 BEACH BOULEVARD
JACKSONVILLE, FL 32246 US

FEI Number: 59-3611486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAIN, LAUREN
2338 MATHESON DRIVE
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WRIGHT, GEORGE
Address: 2346 CHARTLEY LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD () Delete
Name: SCORDO, CHARLES A
Address: 2358 CHARTLEY LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: SD () Delete
Name: MAIN, LAUREN
Address: 2338 MATHESON DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD () Delete
Name: GREGORY, DEVINO
Address: 2369 MATHESON DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY DEVINO

TD

04/26/2005

Electronic Signature of Signing Officer or Director

Date