

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009915

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** WELLSLEY MANOR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

29824 WELLS ROAD  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

29824 WELLS ROAD  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

14 LINWOOD RD  
NATICK, MA 01760

**FEI Number:** 22-3943519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PSTD ( ) Delete  
Name: TONEFF, STEPHEN G  
Address: 29824 WELLS ROAD  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D ( ) Delete  
Name: ALFONSO, KEVIN  
Address: 29824 WELLS ROAD  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D ( ) Delete  
Name: LARSEN, BENJAMIN  
Address: 29824 WELLS ROAD  
City-St-Zip: WESLEY CHAPEL, FL 33544

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: TONEFF, STEPHEN G  
Address: 14 LINWOOD RD  
City-St-Zip: NATICK, MA 01760

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 exemption stated 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 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: STEPHEN TONEFF

PSTD

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date