

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 15, 2012
Secretary of State

DOCUMENT# N07193

Entity Name: WELLEBY SPRINGS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O NEW COMMUNITY STRATEGIES
4801 S UNIVERSITY DRIVE, STE 132
DAVIE, FL 33328 US**New Principal Place of Business:**11784 WEST SAMPLE ROAD
103
CORAL SPRINGS, FL 33065 US**Current Mailing Address:**C/O NEW COMMUNITY STRATEGIES
4801 S UNIVERSITY DRIVE, STE 132
DAVIE, FL 33328 US**New Mailing Address:**11784 WEST SAMPLE ROAD
103
CORAL SPRINGS, FL 33065 US**FEI Number:** 59-2495573**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NEW COMMUNITY STRATEGIES
4801 S. UNIVERSITY DR.
SUITE #132
DAVIE, FL 33328 US**Name and Address of New Registered Agent:**UNITED COMMUNITY MANAGEMENT CORP.
11784 WEST SAMPLE ROAD
103
CORAL SPRINGS, FL 33065 US

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: RENEE CAMPBELL

08/15/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DURANGO, CARLOS
Address: 9519 NW 42 STREET
City-St-Zip: SUNRISE, FL 33351 US

Title: VPD
Name: MIKE, MOREJON
Address: 9445 NW 42 STREET
City-St-Zip: SUNRISE, FL 33351 US

Title: TD
Name: SELTZER, EVE
Address: 9409 NW 42 STREET
City-St-Zip: SUNRISE, FL 33351 US

Title: SCY
Name: ARGENTO, MARTHA
Address: 9423 NW 42 STREET
City-St-Zip: SUNRISE, FL 33351 US

Title: D
Name: FOSTER, LEROY
Address: 9457 NW 42 STREET
City-St-Zip: SUNRISE, FL 33351 US

Title: D
Name: COCKRAN, PORTIA
Address: 9441 NW42ND ST.
City-St-Zip: SUNRISE, FL 33351 US

I hereby 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 all other like empowered.

SIGNATURE: MARY LOU PALMER

AGT

08/15/2012

Electronic Signature of Signing Officer or Director

Date