

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

06-06-2005 90002 016 ****61.25

DOCUMENT # N12023 1. Entity Name COUNTRYSIDE AT WELLEBY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5241 CLUB ROAD WEST PALM BEACH, FL 33415				Mailing Address 5241 CLUB RD. WEST PALM BEACH, FL 33415	
2. Principal Place of Business P.O. Box 15624 Suite, Apt. #, etc.		3. Mailing Address A+W PROPERTY MGMT PO Box 15624 Suite, Apt. #, etc.			
City & State PLANTATION FL		City & State PLANTATION FL		4. FEI Number 59-2771164	
Zip 33318		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHON, HEATHER 5241 CLUB ROAD WEST PALM BEACH, FL 33415				7. Name and Address of New Registered Agent Name A+W PROPERTY MGMT, Street Address (P.O. Box Number is Not Acceptable) ARLINE WALKER 773 NW 100 TERRACE City PLANTATION FL Zip Code 33324	
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 5/19/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, HECTOR 10228 NW 33 PL SUNRISE, FL 33351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANTZ, NATALIE 3356 NW 101 AVE SUNRISE, FL 33351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOOM-CARFORA, KRISTA 10229 NW 33 ST. SUNRISE, FL 33351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINTO, YOLANDA 3368 NW 101 AVE. SUNRISE, FL 33351	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILKIND, ED 3305 NW 101 AVE. SUNRISE, FL 33351	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIERNEY, MICHAEL 10216 NW 33 Place SUNRISE FL 33351	<input type="checkbox"/> Delete			
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: 5-31-05 954746280 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					