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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16295**

1. Corporation Name
HILLS OF WELLEBY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8457 W OAKLAND PARK BLVD SUNRISE FL 33351 US	P O BOX 451418 SUNRISE FL 33345-418 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/07/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0033042 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WATERS, RALPH P
C/O DIVERSIFIED MGMT SERVICES
8457 W OAKLAND PARK BLVD
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	VP.T.D	☐ Change ☒ Addition
NAME	SCHIEMAN, WALTER		1.2 NAME	DEAN, KATHY	
STREET ADDRESS	4325 NW 95TH TERR		1.3 STREET ADDRESS	4315 NW 95 Terrace	
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	Sunrise, Fl	
TITLE	VSD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	DEAN, RALPH SR		2.2 NAME	DEAN, RALPH SR.	
STREET ADDRESS	4315 NW 95TH TERR		2.3 STREET ADDRESS	4315 NW 95 Terrace	
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP	Sunrise, Fl.	
TITLE	D	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	KARR, VIVIAN		3.2 NAME	KARR, VIVIAN	
STREET ADDRESS	9856 41ST ST		3.3 STREET ADDRESS	883 NW 99 Avenue	
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP	Plantation, Fl.	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph SIGNATURE REQUIRED 1/30/99 954-572-1880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #