2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16295

FILED
Jul 24, 2000 8:00 am
Secretary of State
07-24-2000 90012 027 ****61.25

1. Entity 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~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Castle Mgmt., Inc.	c/o Castle Mgmt. Inc.
Suite, Apt. #, etc.: P.O. Box 189013	Suite, Apt. #, etc.: P.O. Box 189013
City & State: Plantation, FL	City & State: Plantation, FL
Zip: 33318 Country: USA	Zip: 33318 Country: USA

4. FEI Number 65-0033042 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~WATERS, RALPH P~~ ~~C/O DIVERSIFIED MGMT SERVICES~~ ~~8457 W OAKLAND PARK BLVD~~ ~~SUNRISE FL 33351~~	Name: Castle Management, Inc. Street Address (P.O. Box Number is Not Acceptable): 4450 West Sunrise Boulevard Suite C-100 City: Plantation, FL Zip Code: 33313

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.

SIGNATURE Gail H. Sangunett Gail H. Sangunett, Vice President - Administration 7/13/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD DEAN, KATHY 4315 NW 9 TERR SUNRISE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEAN, RALPH SR 4315 NW 95TH TERR SUNRISE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KARR, VIVIAN 883 NW 99 AVE PLANTATION FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (5/00)

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: X Ralph J. Dean SR Ralph J. DEAN SR PRESIDENT 7/13/00 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #