# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 28, 2004 8:00 am**
**Secretary of State**
04-28-2004 90223 042 ****61.25

DOCUMENT # N16295

1. Entity Name

HILLS OF WELLEBY HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 189013<br>PLANTATION FL 33318<br>US | PO BOX 189013<br>PLANTATION FL 33318<br>US |

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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**

CASTLE MANAGEMENT, INC.
4450 WEST SUNRISE BLVD
FORT LAUDERDALE FL 33313

**7. Name and Address of New Registered Agent**

Name: Randall K. Roger & Asso.
Street Address (P.O. Box Number is Not Acceptable): 621 NW 53rd St., Ste 300
City: Boca Raton FL Zip Code: 33487

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: [signature] , Randall K. Roger, Pres. 4-26-04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | RD<br>DEAN, KATHY<br>4315 NW 9 TERR<br>SUNRISE FL | ☐ Delete | S/T/D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DEAN, RALPH SR<br>4315 NW 95TH TERR<br>SUNRISE FL | ☐ Delete | V D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>NEIPRIS, JAMES R<br>10575 E CLAIRMONT CR<br>TAMARAC FL 33321 | ☒ Delete | P D<br>BRIAN Bertsch<br>4314 N.W. 95th Terr.<br>Sunrise, FL 33351 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DEFRITAS, KAREN<br>9704 NW 43 ST<br>FORT LAUDERDALE FL 33331 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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:** Ralph J. Dean Sr. 4/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #