

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N23575 (6)**

1. Corporation Name  
**ISLES OF WELLEBY ASSOCIATION, INC.**



Principal Place of Business  
**P O BOX 450483  
SUNRISE FL 33345**

Mailing Address  
**P O BOX 450483  
SUNRISE FL 33345**

3. Date Incorporated or Qualified **11/20/1987** 3a. Date of Last Report **05/16/1995**

|                                |  |                        |  |  |  |  |  |
|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 4. FEI Number<br><b>65-0027702</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>                  |  |
| 22 City & State                |  | 27 City & State        |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>                     |  |
| 23 Zip                         |  | 28 Zip                 |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |
| 24 Country                     |  | 29 Country             |  | 30   |  |  |  |

## 9. Name and Address of Current Registered Agent

**CARTAS, GLADYS E.  
9617 NW 41ST STREET  
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   | <b>FL</b> |
| 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                             |
|----------------------------|-----------------------------|---|-----------------------------|
| TITLE                      | <b>PD</b>                   | 1.1 TITLE   | <b>PD</b>                   |
| NAME                       | <b>SCHWARZ, DAVID</b>       | 1.2 NAME  | <b>NAT CALIA</b>            |
| STREET ADDRESS             | <b>4125 NW 96TH TERRACE</b> | 1.3 STREET ADDRESS                                    | <b>4153 NW 96th WAY</b>     |
| CITY-ST-ZIP                | <b>SUNRISE FL</b>           | 1.4 CITY-ST-ZIP                                       | <b>SUNRISE, FL 33351</b>    |
| TITLE                      | <b>VE</b>                   | 2.1 TITLE   | <b>VD</b>                   |
| NAME                       | <b>SLOAN, CRAIG</b>         | 2.2 NAME  | <b>GLADYS E. CARTAS</b>     |
| STREET ADDRESS             | <b>411 NW 96TH TERRACE</b>  | 2.3 STREET ADDRESS                                    | <b>8617 NW 41st ST</b>      |
| CITY-ST-ZIP                | <b>SUNRISE FL</b>           | 2.4 CITY-ST-ZIP                                       | <b>SUNRISE, FL 33351</b>    |
| TITLE                      | <b>SD</b>                   | 3.1 TITLE   | <b>SD</b>                   |
| NAME                       | <b>POLK, MICHAEL</b>        | 3.2 NAME  | <b>JERRY LIPPINCOTT</b>     |
| STREET ADDRESS             | <b>4150 NW 96TH TERRACE</b> | 3.3 STREET ADDRESS                                    | <b>9624 NW 41st ST</b>      |
| CITY-ST-ZIP                | <b>SUNRISE FL</b>           | 3.4 CITY-ST-ZIP                                       | <b>SUNRISE, FL 33351</b>    |
| TITLE                      | <b>TD</b>                   | 4.1 TITLE   | <b>TD</b>                   |
| NAME                       | <b>CARTAS, GLADYS</b>       | 4.2 NAME  | <b>DOROTHY CARANGI</b>      |
| STREET ADDRESS             | <b>90617 NW 41ST STREET</b> | 4.3 STREET ADDRESS                                    | <b>9613 NW 41st ST</b>      |
| CITY-ST-ZIP                | <b>SUNRISE FL</b>           | 4.4 CITY-ST-ZIP                                       | <b>SUNRISE, FL 33351</b>    |
| TITLE                      | <b>D</b>                    | 5.1 TITLE   | <b>D</b>                    |
| NAME                       | <b>CARANGI, DOROTHY</b>     | 5.2 NAME  | <b>DAVID SCHWARZ</b>        |
| STREET ADDRESS             | <b>9613 N W 41ST ST</b>     | 5.3 STREET ADDRESS                                    | <b>4125 NW 96th TERRACE</b> |
| CITY-ST-ZIP                | <b>SUNRISE FL</b>           | 5.4 CITY-ST-ZIP                                       | <b>SUNRISE, FL 33351</b>    |
| TITLE                      |                             | 6.1 TITLE   |                             |
| NAME                       |                             | 6.2 NAME  |                             |
| STREET ADDRESS             |                             | 6.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                             | 6.4 CITY-ST-ZIP                                       |                             |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Gladys E. Cartas - Gladys E. Cartas officer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/28/96 (954) 928-3308*  
Date Daytime Phone #

CR2E037 (12/95)