

FILE NOW: FILING FEE IS \$61.25

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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33345-0483
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/20/1987		3a. Date of Last Report 03/07/1996	
Sulte, Apt. #, etc. 22		Sulte, Apt. #, etc. 27		4. FEI Number 65-0027702		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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 CARANGI, DOROTHY C. 82 Street Address (P.O. Box Number is Not Acceptable) 9613 NW 41ST STREET 83 SUNRISE 84 City FL 85 Zip Code 33351			
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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 CARANGI, DOROTHY C. - TREASURER Dorothy C. Carangi
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	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHWARZ, DAVID		1.2 NAME	O'NEILL, MICHAEL			
STREET ADDRESS	4125 NW 96TH TERRACE		1.3 STREET ADDRESS	9628 NW 41ST STREET			
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	SUNRISE FL 33351			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARTAS, GLADYS E.		2.2 NAME	LEVITE, GARY			
STREET ADDRESS	8617 NE 41ST ST		2.3 STREET ADDRESS	4138 NW 96TH WAY			
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP	SUNRISE FL 33351			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLK, MICHAEL		3.2 NAME	SLOAN, CRAIG			
STREET ADDRESS	4150 NW 96TH TERRACE		3.3 STREET ADDRESS	4115 NW 96TH TERRACE			
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP	SUNRISE FL 33351			
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARANGI, DOROTHY		4.2 NAME	SAME			
STREET ADDRESS	9613 NW 41ST ST		4.3 STREET ADDRESS				
CITY-ST-ZIP	SUNRISE FL		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHWARZ, DAVID		5.2 NAME	MARTINI, DIANE			
STREET ADDRESS	4125 NW 96TH TERR		5.3 STREET ADDRESS	9632 NW 41ST STREET			
CITY-ST-ZIP	SUNRISE FL		5.4 CITY-ST-ZIP	SUNRISE FL 33351			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALIA, NAT		6.2 NAME				
STREET ADDRESS	4153 NW 96TH WAY		6.3 STREET ADDRESS				
CITY-ST-ZIP	SUNRISE FL		6.4 CITY-ST-ZIP				

14. I do 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.

SIGNATURE DAVID SCHWARZ DAVID SCHWARZ

CR2E037 (9/96)