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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

P O BOX 450483
SUNRISE FL 33345

P O BOX 450483
SUNRISE FL 33345

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/20/1987

4. FEI Number

65-0027702

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30/ ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**CARANGI, DOROTHY C.
9613 NW 41 ST
SUNRISE FL 33351**

81 Name

CARANGI, DOROTHY C.

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

9613 NW 41 ST

83

84

City **SUNRISE**

FL

85

Zip Code
33351

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 3/10/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
O'NEILL, MICHAEL
9828 NW 41 ST
SUNRISE FL**

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
LEVITZ, GARY
4138 NW 96 WAY
SUNRISE FL**

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
SLOAN, CRAIG
4115 NW 96 TERR
SUNRISE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
CARANGI, DOROTHY
9613 NW 41ST ST
SUNRISE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MARTIN, DIANE
9632 NW 41 ST
SUNRISE FL**

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
CALIA, NAT
4153 NW 96TH WAY
SUNRISE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**VD
WITTYNGHAN
9617 NW 41ST ST
SUNRISE FL 33351**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
**SD
ROCK, SHARON
4133 NW 96 WAY
SUNRISE, FL. 33351**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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.

SIGNATURE:

Dorothy C. Carangi

3/10/98

954-525-8851

CR2E037 (10/97)