

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23575

1. Entity 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

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

65-0027702

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

CARANGI, DOROTHY C
9613 NW 41 ST
SUNRISE FL 33351

Name

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

City

FL

Zip Code

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 Dorothy C. CARANGI - TREASURER Dorothy C. Carangi

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	O'NIELL, MICHAEL	
STREET ADDRESS	9828 NW 41 ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WITTYNGHAN,	
STREET ADDRESS	9617 NW 41 ST	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROCK, SHARON	
STREET ADDRESS	H133 NW 96 WY	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARANGI, DOROTHY	
STREET ADDRESS	9613 NW 41ST ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, DIANE	
STREET ADDRESS	9632 NW 41 ST	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTYNGHAN, TONY	
STREET ADDRESS	9617 NW 41 ST	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEFKOWITZ, DAVID	
STREET ADDRESS	9616 NW 41 ST	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, CAROL	
STREET ADDRESS	9612 NW 41 ST	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ, MARY JANE	
STREET ADDRESS	4100 NW 96 TERR	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Dorothy C. CARANGI 4/1/2000 954-463-4614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE