

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

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90057 043 \*\*\*\*61.25

**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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Dorothy C. Carangi*

*Dorothy C. CARANGI*

*4/18/04*

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**  
**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 ☒ Delete  
NAME PD  
STREET ADDRESS SLOAN, CRAIG  
CITY-ST-ZIP 4115 NW 96TH TERRACE  
SUNRISE FL 33351

TITLE ☐ Change ☒ Addition  
NAME PD  
STREET ADDRESS ANNE MARIE MALONE  
CITY-ST-ZIP 9608 NW 41 STREET  
SUNRISE, FL 33351

TITLE ☒ Delete  
NAME VD  
STREET ADDRESS COYNE, WILLIAM  
CITY-ST-ZIP 4125 NW 96 TERRACE  
SUNRISE FL 33351

TITLE ☐ Change ☒ Addition  
NAME VD  
STREET ADDRESS HELEN CLAIR  
CITY-ST-ZIP 4113 NW 96 WAY  
SUNRISE FL 33351

TITLE ☒ Delete  
NAME SD  
STREET ADDRESS JONES, CAROL  
CITY-ST-ZIP 9612 NW 41ST  
SUNRISE FL 33351

TITLE ☐ Change ☒ Addition  
NAME SD  
STREET ADDRESS CHRISTINE HUDSON  
CITY-ST-ZIP 4100 NW 96 TERRACE  
SUNRISE FL 33351

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

TITLE ☐ Change ☐ Addition  
NAME TD  
STREET ADDRESS DOROTHY CARANGI  
CITY-ST-ZIP 9613 NW 41ST  
SUNRISE FL 33351

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CAPEZZA, SALVATORE  
CITY-ST-ZIP 4140 NW 96 TERR  
SUNRISE FL 33351

TITLE ☐ Change ☐ Addition  
NAME D  
STREET ADDRESS SALVATORE CAPEZZA  
CITY-ST-ZIP 4140 NW 96 TERRACE  
SUNRISE FL 33351

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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*

*DOROTHY C. CARANGI*

*4/18/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #