

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90216 044 ****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



1st MOORE

CR2E037 (10/04)

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

Dorothy C. CARANGI
(NOTE: Registered Agent signature required when reinstating)

4-12-05
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 PD ☐ Delete
NAME MALONE, ANNEMARIE
STREET ADDRESS 9608 NW 41 STREET
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME CLAIR, HELEN
STREET ADDRESS 4113 NW 96 WAY
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ Change ☒ Addition
NAME MCGEE, TRACY
STREET ADDRESS 4115 NW 96 TERRACE
CITY-ST-ZIP SUNRISE FL 33351

TITLE SD ☐ Delete
NAME HUDSON, CHRISTINE
STREET ADDRESS 4100 NW 96 TERRACE
CITY-ST-ZIP SUNRISE FL 33351

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

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

TITLE ☒ Change ☐ Addition
NAME CARANGI C, DOROTHY
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME CAPEZZA, KRISTINE
STREET ADDRESS 4140 NW 96 TERRACE
CITY-ST-ZIP 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 4-12-05 954-748-2284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #