

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23575

FILED
Apr 16, 2009
Secretary of State

Entity Name: ISLES OF WELLEBY ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 450483
SUNRISE, FL 33345

New Principal Place of Business:

9613 NW 41 ST
SUNRISE, FL 33351

Current Mailing Address:

P O BOX 450483
SUNRISE, FL 33345

New Mailing Address:

FEI Number: 65-0027702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARANGI, DOROTHY C
9613 NW 41 ST
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MALONE, ANNEMARIE
Address: 9608 NW 41 STREET
City-St-Zip: SUNRISE, FL 33351

Title: VP () Delete
Name: MCGEE, TRACY
Address: 4115 NW 96 TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: SD () Delete
Name: ROWAN, CHRISTINE
Address: 4100 NW 96 TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: TD () Delete
Name: CARANGI, C. DOROTHY
Address: 9613 NW 41ST ST
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: CAPEZZA, KRISTINE
Address: 4140 NW 96 TERR
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CAPEZZA, SALVATORE
Address: 4140 NW 96 TERR
City-St-Zip: SUNRISE, FL 33351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE ROWAN

SD

04/16/2009

Electronic Signature of Signing Officer or Director

Date