

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

05-21-2003 90187 039 \*\*\*\*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

5/15/03

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **CAPEZZA, SALVATORE**  
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 5/15/03 954 463-4614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)