

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90112 031 ****61.25

DOCUMENT # N26767

1. Entity Name

WELLEBY ISLES ASSOCIATION, INC.



Principal Place of Business

4314 NW 103RD AE.
SUNRISE FL 33351
US

Mailing Address

4314 N.W. 103RD AVE.
SUNRISE FL 33351



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0097434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOBMIER, ROBERT
4314 NW 103RD AE.
SUNRISE FL 33351

7. Name and Address of New Registered Agent

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

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, 2006

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

TITLE PD ☒ Delete
NAME BOWER, KEN
STREET ADDRESS 4314 NW 103 AVE
CITY-ST-ZIP SUNRISE FL

TITLE VD ☐ Delete
NAME CESSNA, SID
STREET ADDRESS 4341 NW 103 TERRACE
CITY-ST-ZIP SUNRISE FL 33351

TITLE ID ☐ Delete
NAME SWACK, PHIL
STREET ADDRESS 4340 NW 103 TERRACE
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition
NAME SEAN B. FERGUSON
STREET ADDRESS 4308 NW 103 AVE
CITY-ST-ZIP SUNRISE FL 33351

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

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

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Phillip A. Swack* PHILLIP A. SWACK

3/28/06 (954) 748-4676