

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



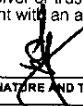
FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90034 032 ****61.25

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01162007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box # 4340 NW 103 TERRACE		3. Mailing Address 4340 NW 103 TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SUNRISE FL		City & State SUNRISE FL	
Zip 33351	Country USA	Zip 33351	Country USA
4. FEI Number 65-0097434		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 SEAN FERGUSON Street Address (P.O. Box Number is Not Acceptable) 4308 NW 103 AVE City SUNRISE FL Zip Code 33351	
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  SEAN FERGUSON - PRESIDENT DATE 1/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P FERGUSON, SEAN 4308 NW 103RD AVE SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JONI PIVNICK 4305 NW 103 AVE SUNRISE, FL 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CESSNA, SID 4341 NW 103 TERRACE SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CALVIN TENN 4320 NW 103 AVE SUNRISE FL 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWACK, PHIL 4340 NW 103 TERRACE SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CAMILE DUMORNAY NW 103 TERRACE SUNRISE, FL 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARIA CALERO NW 103 TERRACE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  SEAN FERGUSON		Date 1/16/07 Daytime Phone # 954-347-3161	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			