

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26767

FILED
Apr 15, 2008
Secretary of State

Entity Name: WELLEBY ISLES ASSOCIATION, INC.

Current Principal Place of Business:

4340 NW 103 TERRACE
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

4340 NW 103 TERRACE
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-0097434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERGUSON, SEAN
4308 NW 103 AVE
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: P () Delete
Name: FERGUSON, SEAN
Address: 4308 NW 103RD AVE
City-St-Zip: SUNRISE, FL 33351

Title: VD () Delete
Name: CESSNA, SID
Address: 4341 NW 103 TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: TD () Delete
Name: SWACK, PHIL
Address: 4340 NW 103 TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: S () Delete
Name: PIVNICK, JONI
Address: 4305 NW 103 AVE
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: D () Delete
Name: TENN, CALVIN
Address: 4320 NW 103 AVE
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: DUMORNAY, CAMILE
Address: NW 103 TERRACE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: BARON, GHISLAINE
Address: 4374 NW 103 AVE
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:

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: PHIL SWACK

TD

04/15/2008

Electronic Signature of Signing Officer or Director

Date