

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90030 019 ****70.00

DOCUMENT # N33837 1. Entity Name WELLBORN COMMUNITY ASSOCIATION, INC.			
Principal Place of Business ANDREWS SQUARE WELLBORN, FL 32094 US		Mailing Address P.O. BOX 11 WELLBORN, FL 32094 US	
2. Principal Place of Business Suite, Apt. #, etc. 1340 8th Av S.		3. Mailing Address Suite, Apt. #, etc. P.O. Box 11	
City & State WELLBORN, FL.		City & State WELLBORN, FL	
Zip 32094		Country Swannee	
4. FEI Number 59-3020165		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAYLORD, JACK 203 11TH STREET WELLBORN, FL 32094		7. Name and Address of New Registered Agent Name WAYNE BROOKS Street Address (P.O. Box Number is Not Acceptable) 17416 53rd RD City WELLBORN FL Zip Code 32094	
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 WAYNE BROOKS <i>Wayne Brooks</i> 1-24-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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	PD GAYLORD, JACK 203 11TH ST WELLBORN, FL 32094	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRIDGE, SUZANNE 5748 BULB FARM ROAD WELLBORN, FL 32094	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROOKS, ELIENE D 17416 53RD RD WELLBORN, FL 32094	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTLETTE, JOSEPH 19684 29TH DR WELLBORN, FL 32094	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <i>Carol Johnson</i> Carol Johnson, Treas 01-24-06-963-3563 <small>Signature and typed or printed name of signing officer or director Date Day/Date Phone #</small>	

Assoc - 386 463-5002