

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43485

FILED
Apr 29, 2007
Secretary of State

Entity Name: WELLEBY ISLES II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 451616
SUNRISE, FL 33345 US

New Principal Place of Business:

10380 WELLEBY ISLES LANE
SUNRISE, FL 33345 US

Current Mailing Address:

P.O. BOX 451616
SUNRISE, FL 33345 US

New Mailing Address:

FEI Number: 65-0268659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUMA, DIANE
10318 WELLEBY ISLES BLVD.
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

CHASE, MARK
10380 WELLEBY ISLES LANE
SUNRISE, FL 33351 US

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: MARK CHASE

04/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SPEAKE, JOANNE
Address: WELLEBY ISLES LANE
City-St-Zip: SUNRISE, FL 33351

Title: PD () Delete
Name: CHASE, MARK
Address: 10380 WELLEBY ISLES LANE
City-St-Zip: SUNRISE, FL 33351

Title: VD () Delete
Name: GALDO, JORGE
Address: 10374 WELLEBY ISLES LANE
City-St-Zip: SUNRISE, FL 33351

Title: TD () Delete
Name: GAYLE, INEZ
Address: 10308 WELLEBY ISLES LANE
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Delete
Name: DOUMA, DIANE
Address: 10318 WELLEBY ISLES BLVD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: MARK CHASE

PD

04/29/2007

Electronic Signature of Signing Officer or Director

Date