

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45144

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** WELLCARE CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

125 PATRICIA AVE.  
UNITS A & B  
DUNEDIN, FL 346988100 US

**New Principal Place of Business:**

**Current Mailing Address:**

824 DAPHNE DRIVE  
BRANDON, FL 33510 US

**New Mailing Address:**

**FEI Number:** 59-3106201

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, DOUGLAS L  
125 PATRICIA AVENUE  
SUITE A & B  
DUNEDIN, FL 346988100 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: DV  
Name: JONES, DOUGLAS L.  
Address: 1622 HERMOSA DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: DV  
Name: EVANS, JEFFREY S  
Address: 824 DAPHNE DRIVE  
City-St-Zip: BRANDON, FL 33510 US

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY S. EVANS

DV

02/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date