

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90315 040 \*\*\*\*70.00

**DOCUMENT # N94000000076**

1. Entity Name  
**WELLS LAKE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1732 KINGSLEY AVE.  
SUITE 202  
ORANGE PARK, FL 32073 US**

Mailing Address  
**1732 KINGSLEY AVE.  
SUITE 202  
ORANGE PARK, FL 32073 US**

**20039311**



2. Principal Place of Business  
Suite, Apt. #, etc.  
**City Professional Community Mgt. Inc.  
786 Blanding Blvd. #118  
Orange Park, FL 32065**

3. Mailing Address  
Suite, Apt. #, etc.  
**City Professional Community Mgt. Inc.  
786 Blanding Blvd. #118  
Orange Park, FL 32065**

Zip Country Zip Country

01212005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3238045**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired  
☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PERRY, ALAN  
1732 KINGSLEY AVE  
SUITE 202  
ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number)  
**Alan Perry  
786 Blanding Blvd. #118  
Orange Park, FL 32065**  
City **FL** Zip Code

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 *Alan Perry* **ALAN PERRY** *L2 Apr 05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	DV AYERS, CHUCK 1432 BEECHER LANE ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KARDOS, JASON 1543 BEECHER LANE ORANGE PARK, FL 32073 <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	DT FOULK, DAVID 303 LAKE BLUFF CT. ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALERHOFFER, JANE 1491 BEECHER LANE ORANGE PARK, FL 32073 <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	DS COLDWELL, SUZANNE 1520 BEECHER LANE ORANGE PARK, FL 32073 <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 exemption stated in Section 119.07(3)(l), 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: *[Signature]* **4/19/05** **904-213-8959**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #