2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002899

FILED Feb 23, 2009 Secretary of State

Entity Name: WELDON NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	MCNABB RD. C, FL 33321	US		MCNAB RD. 5, FL 33321 US		
Current M	lailing Addres	ss:	New Mailii	ng Address:		
	MCNABB RD. C, FL 33321	US		MCNAB RD. F, FL 33321 US		
El Number	: 65-0599731	FEI Number Applied For()	FEI Number Not Appli	licable () Certificate of Status Desired ()		
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:		
1501 N.W. SUITE 202 FT. LAUDI	ERDALE, FL 3	33309 US	urpose of changing it	ts registered office or registered agent, or both		
	e of Florida.					
SIGNATU		nic Signature of Registered Age	nt	Date		
>=====================================						
JFFICER:	S AND DIREC	IURS.		IS/CHANGES TO OFFICERS AND DIRECTO		
Fitle: Name: Address: Dity-St-Zip:	PD () DRAZEN, BEN 10034 W MCN, TAMARAC, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Fitle: Name: Address: City-St-Zip:	VD (SAMUELS, BEI 10034 W MCN TAMARAC, FL	AB RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SAMUELS, BERNARD 10034 W MCNAB RD TAMARAC, FL 33321		
Fitle: Name: Address: City-St-Zip:	TD (HELLINGER, IF 10034 W MCN TAMARAC, FL	AB RD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Fitle: Name: Address: City-St-Zip:	D (BRADEN, CINE 10034 W MCN TAMARAC, FL	AB RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SCHULMAN, BETTY L 10034 W MCNAB RD TAMARAC, FL 33321		
Fitle: Name: Address: City-St-Zip:	SCHULMAN, B 10034 W MCN		Title: Name: Address: City-St-Zip:	S (X) Change () Addition ROSENBAUM, JEAN 10034 W MCNAB RD TAMARAC, FL 33321		
Γitle: √ame: ∖ddress:	S (X ROSEBAUM, J 10034 W MCN		Title: Name: Address:	() Change () Addition		

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: BEN DRAZEN PD 02/23/2009