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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90210 001 ****61.25

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1. Entity Name
WELDON CONDOMINIUM H ASSOCIATION, INC.



Principal Place of Business
CONSOLIDATED MANAGEMENT
10034 WEST MCNAB ROAD
FORT LAUDERDALE, FL 33321 US

Mailing Address
CONSOLIDATED MANAGEMENT
10034 WEST MCNAB ROAD
FORT LAUDERDALE, FL 33321 US

34073300



2. Principal Place of Business

3. Mailing Address

03172004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0644985

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CONSOLIDATED COMMUNITY MANAGEMENT
10034 WEST MCNAB ROAD
FORT LAUDERDALE, FL 33321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2004

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TANKEL, MARCIA	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PLATT, JERRY	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROCHELLE, JIM	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMAGEN, ARNIE	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOLOMON, ROCKY	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shrlich, Tammy	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Solomon, Roland	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #