


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90024 042 ****61.25

DOCUMENT # N95000001971	
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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME TANKEL, MARCIA STREET ADDRESS 10034 W MCNAB RD CITY-ST-ZIP TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete	TITLE VP NAME JAY, ALBERT STREET ADDRESS 10034 W MCNAB RD. CITY-ST-ZIP TAMARAC, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME PLATT, JERRY STREET ADDRESS 10034 W MCNAB RD CITY-ST-ZIP TAMARAC FL 33321	<input type="checkbox"/> Delete	TITLE PD NAME PLATT, JERRY STREET ADDRESS 10034 W MCNAB RD. CITY-ST-ZIP TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME SOLOMAN, ROLAND STREET ADDRESS 10034 W MCNAB RD CITY-ST-ZIP TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SMAGEN, ARNIE STREET ADDRESS 10034 W MCNAB RD CITY-ST-ZIP TAMARAC FL 33321	<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
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 exemptions contained in Section 119, 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: Jerrine Platt Jerrine PLATT 2/15/06