

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90321 026 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0644985	
5. Certificate of Status Desired <input type="checkbox"/>				\$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: Brough, Chadrow + Levine P.A. Street Address (P.O. Box Number is Not Acceptable): 1900 N. Commerce Pkwy Suite 2 City: Weston FL Zip Code: 33326		
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: <u>[Signature]</u> DATE: <u>3/23/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$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 VP PRES.	NAME JAY, ALBERT		TITLE RD	NAME Albert JAY	
STREET ADDRESS 10034 W MCNAB RD	CITY-ST-ZIP TAMARAC, FL 33321		STREET ADDRESS 10034 W. McNab Rd.	CITY-ST-ZIP Tamarac, FL 33321	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VPD	NAME PLATT, JERRY		TITLE D	NAME Jerry Platt	
STREET ADDRESS 10034 W MCNAB RD			STREET ADDRESS 10034 W. McNab Rd.		
CITY-ST-ZIP TAMARAC, FL 33321			CITY-ST-ZIP Tamarac, FL 33321		
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE RD	NAME PLATT, JERRY		TITLE VPD	NAME Arnie Shmagen	
STREET ADDRESS 10034 W MCNAB RD			STREET ADDRESS 10034 W. McNab Rd.		
CITY-ST-ZIP TAMARAC, FL 33321			CITY-ST-ZIP Tamarac, FL 33321		
<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D-	NAME DIANA KRAMER		TITLE D	NAME Diana Kramer	
STREET ADDRESS 10034 W MCNAB RD			STREET ADDRESS 10034 W. McNab Rd.		
CITY-ST-ZIP TAMARAC, FL 33321			CITY-ST-ZIP Tamarac, FL 33321		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D-	NAME T. EHRLICH		TITLE D	NAME Tammy Ehrlich	
STREET ADDRESS 10034 W MCNAB RD			STREET ADDRESS 10034 W. McNab Rd.		
CITY-ST-ZIP TAMARAC, FL 33321			CITY-ST-ZIP Tamarac, FL 33321		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 duly empowered.					
SIGNATURE: <u>[Signature]</u>			Date: <u>4/6/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					