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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000663 (2)

1. Corporation Name

WELDON CONDOMINIUM D ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7800 NOB HILL ROAD
TAMARAC FL 33321

700 N.W. 107TH AVENUE
MIAMI FL 33172

2. Principal Place of Business

2a. Mailing Address

21 A & M Property Mgt.

26 A & M Property Mgt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3475 Hiatus Road

27 3475 Hiatus Road

City & State

City & State

23 Sunrise FL

28 Sunrise FL

Zip

Country

Zip

Country

24 33321

25 USA

29 33321

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSKY, MORRIS J
700 N.W. 107TH AVENUE
MIAMI FL 33172

81 Name Malcolm H. Waldron, III

82 Street Address (P.O. Box Number is Not Acceptable)
3475 Hiatus Road

83

84 City Sunrise FL 85 Zip Code 33321

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/6/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RIEFS, MARTIN L
STREET ADDRESS 7800 NOB HILL ROAD
CITY-ST-ZIP TAMARAC FL 33321 ☒ DELETE

TITLE VD
NAME SCHRAGER, MARLENE
STREET ADDRESS 7800 NOB HILL ROAD
CITY-ST-ZIP TAMARAC FL 33321 ☒ DELETE

TITLE STD
NAME PEDONE, SUE
STREET ADDRESS 7800 NOB HILL ROAD
CITY-ST-ZIP TAMARAC FL 33321 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Jerry Layton
1.3 STREET ADDRESS 9563 Weldon Circle
1.4 CITY-ST-ZIP Tamarac FL 33321 ☐ Change ☒ Addition

2.1 TITLE VD
2.2 NAME Iggy Belgiovine
2.3 STREET ADDRESS 9563 Weldon Circle
2.4 CITY-ST-ZIP Tamarac, FL 33321 ☐ Change ☒ Addition

3.1 TITLE SD
3.2 NAME Maynard Klorman
3.3 STREET ADDRESS 9563 Weldon Circle
3.4 CITY-ST-ZIP Tamarac, FL 33321 ☐ Change ☒ Addition

4.1 TITLE TD
4.2 NAME Corrado Belgiovine
4.3 STREET ADDRESS 9563 Weldon Circle
4.4 CITY-ST-ZIP Tamarac, FL 33321 ☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME Dan Smith
5.3 STREET ADDRESS 9563 Weldon Circle
5.4 CITY-ST-ZIP Tamarac, FL 33321 ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jerry Layton
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/98
954
741 4666
Daytime Phone #

CR2E037 (10/97)