


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90033 027 ****61.25

DOCUMENT # N96000000665 1. Entity Name WELDON CONDOMINIUM K ASSOCIATION, INC.					
Principal Place of Business 10034 W MCNAB ROAD TAMARAC, FL 33321 US			Mailing Address 10034 W MCNAB ROAD TAMARAC, 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		
6. Name and Address of Current Registered Agent POLIAKOFF, GARY A J.D. BECKER & POLIAKOFF, P.A. 3111 STIRLING RD. FT. LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEINBLATT, MARTIN <input type="checkbox"/> Delete 10034 W MCNAB RD TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FELDSTEIN, MORTON <input type="checkbox"/> Delete 10034 W MCNAB RD TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HELLIGER, IRVING <input type="checkbox"/> Delete 10034 W MCNAB RD TAMARAC, FL 33321		TITLE PD NAME HELLINGER, IRVING <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS SAME CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete WEINBLATT, MARTIN 10034 W MCNAB RD TAMARAC, FL 33321		TITLE PD NAME WEINBLATT, MARTIN <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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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 like empowered.					
SIGNATURE: <u><i>Irving Helliger</i></u> <u>3/29/08</u> - <u>954-724-1047</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40057374



03172008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0685386

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLIAKOFF, GARY A J.D.
BECKER & POLIAKOFF, P.A.
3111 STIRLING RD.
FT. LAUDERDALE, FL 33312

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

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DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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Trust Fund Contribution. ☐

**\$5.00 May Be
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**Make check payable to
Florida Department of State**

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WEINBLATT, MARTIN ☐ Delete
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TITLE PD
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #