2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

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Entity Name: WELDON CONDOMINIUM E ASSOCIATION, INC.

Current Principal Place of Business:

CONSOLIDATED COMMUNITY MANAG.
10034 W. MCNAB RD.
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

CONSOLIDATED COMMUNITY MANAG.
10034 W. MCNAB RD.
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 65-0803311 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOROWITZ, BERNARD
Address: 10036 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: PD ( ) Delete
Name: LEIBMAN, MEL
Address: 10034 W. MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: SD ( ) Delete
Name: BRATT, SANDY
Address: 10034 W MCNAB RD
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: VPD ( ) Delete
Name: TRAMONTANO, THERESA
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: TD ( ) Delete
Name: BERGER, WALTER
Address: 10034 W MCNAB RD
City-St-Zip: FORT LAUDERDALE, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HOROWITZ, BERNARD
Address: 10034 W. MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: BRATT, SANDY
Address: 10034 W. MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: VPD (X) Change ( ) Addition
Name: TRAMONTANO, THERESA
Address: 10034 W. MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: TD (X) Change ( ) Addition
Name: GERBER, WALTER
Address: 10034 W. MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVIN LIEBMAN PD 02/12/2009

Electronic Signature of Signing Officer or Director — Date