

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002179

FILED
Apr 29, 2005
Secretary of State

Entity Name: WELDON CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business:

10034 WEST MCNAB
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

10034 WEST MCNAB
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 65-0839510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSOLIDATED COMMUNITY MGMT
10034 WEST MCNAB
TAMARAC, FL 33321 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: DP () Delete
Name: BURDICK, MORT
Address: 10034 NW MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: D () Delete
Name: BERMAN, ELEANOR
Address: 10034 NW MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: VD () Delete
Name: HOCKFELD, LARRY
Address: 10034 NW MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: SD () Delete
Name: FALK, MAXINE
Address: 10034 NW MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: TD () Delete
Name: SALTIEL, ROSE
Address: 10034 NW MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: BERMAN, ELEANOR
Address: 10034 NW MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: VD (X) Change () Addition
Name: FRIEDMAN, CHARLOTTE
Address: 10034 NW MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELEANOR BERMAN

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date