2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 03, 2006 8:00 am Secretary of State DOCUMENT # N97000002179 1. Entity Name 03-03-2006 90126 015 \*\*\*\*61.25 WELDON CONDOMINIUM I ASSOCIATION, INC. Principal Place of Business Mailing Address 10034 WEST MCNAB 10034 WEST MCNAB TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 65-0839510 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONSOLIDATED COMMUNITY MGMT Street Address (P.O. Box Number is Not Acceptable) 10034 WEST MCNAB TAMARAC FL 33321 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revisitating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. TITLE TITLE Addition Change BENTON, BERNARD. BURDICK, MORT NAME NAME STREET ADDRESS 10034 NW MCNAB ROAD STREET ADDRESS 10034 W, MCNABRG. CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TAMARAE, 121 33321 TITLE TITLE Addition ☐ Defete ☐ Change BERMAN, ELEANOR NAME NAME 10034 NW MCNAB ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP VD Delete FITLE TITLE Change ■ Addition FRIEDMAN, CHARLOTTE NAME NAME STREET ADDRESS 10034 NW MCNAB ROAD STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change ■ Addition NAME FALK, MAXINE NAME 10034 NW MCNAB ROAD STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-7IP City-St-ZIP TITLE ☐ Detete TITLE ☐ Change Addition SALTIEL, ROSE NAME NAME 10034 NW MCNAB ROAD STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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** 

FILED