

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 22 PM 4: 29

DOCUMENT # **709110 (1)**  
1. Corporation Name  
**WELLINGTON ASSOCIATION, INC. A CONDOMINIUM**

Principal Place of Business Mailing Address  
**4770 BAYVIEW DR. FT. LAUDERDALE FL 33308** **4770 BAYVIEW DR. FT. LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 Zip 28 Country 29 30

3. Date Incorporated or Qualified **06/09/1965** 3a. Date of Last Report **04/26/1994**  
4. FEI Number **59-1201546** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ADAMS, LOUIS W.SR.  
2870 E. OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE **SD**  
NAME **GETELMAN, PATRICIA**  
STREET ADDRESS **4770 BAYVIEW DR FT LAUDERDALE FL**  
CITY-ST-ZIP  
TITLE **D**  
NAME **COLE, VIRGINIA V** Delete/Moved  
STREET ADDRESS **3000 N E 48TH ST FT LAUDERDALE FL**  
CITY-ST-ZIP  
TITLE **T**  
NAME **MCGUIRE, BEVERLY**  
STREET ADDRESS **3001 NE 47 CT FT LAUDERDALE FL**  
CITY-ST-ZIP  
TITLE **P**  
NAME **GETLEMAN, RALPH**  
STREET ADDRESS **4770 BAYVIEW DR FT LAUDERDALE FL**  
CITY-ST-ZIP  
TITLE **D**  
NAME **HILL, DAVID C**  
STREET ADDRESS **4770 BAYVIEW DR FT LAUDERDALE FL**  
CITY-ST-ZIP  
TITLE **D**  
NAME **KONTUL, EDWARD**  
STREET ADDRESS **3001 NE 47 CT FT LAUDERDALE FL**  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE **George Fourson VP**  Change  Addition  
1.2 NAME **4770 Bayview Dr**  
1.3 STREET ADDRESS **Ft Lauderdale FL**  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME **D Charles Bolt**  
2.3 STREET ADDRESS **3000 N E 48th St**  
2.4 CITY-ST-ZIP **FT Lauderdale FL**  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beverly Jo McGuire **Treasurer** 3/13/95 305 938 6972  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State