


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # 709110 1. Corporation Name <i>Wellington ASSOCIATION INC.</i> A CONDOMINIUM

Principal Place of Business <i>4770 Bayview Drive</i> <i>Fort Lauderdale, FL 33308</i>	Mailing Address <i>4770 Bayview Drive</i> <i>Fort Lauderdale, FL 33308</i>
--	--

2. Principal Place of Business 21. <i>SAME</i> Suite, Apt. #, etc.	2a. Mailing Address 26. <i>SAME</i> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <i>June 1934</i>	3a. Date of Last Report <i>Attached</i>
--	---	---	--

22. City & State 23. <i>Fort Lauderdale, FL</i>	27. City & State 28. <i>Fort Lauderdale, FL</i>	4. FEI Number <i>59-1201546</i>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
--	--	------------------------------------	---	--

24. Zip 25. <i>33308</i>	Country 29. <i>USA</i>	30. Zip 31. <i>33308</i>	Country 32. <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------	---------------------------	-----------------------------	---------------------------	--	--------------------------------

9. Name and Address of Current Registered Agent <i>Beverly McGuire</i> <i>3007 NE 47th Ct #312</i> <i>Fort Laud, FL 33308</i>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. <i>FL</i> Zip Code
--	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<i>DAVID HILL</i>	<input type="checkbox"/>
NAME	<i>4770 Bayview DR #109</i>	
STREET ADDRESS	<i>Fort Laud., FL 33308</i>	<input checked="" type="checkbox"/> <i>DIR.</i>
CITY-ST-ZIP		
TITLE	<i>Rose King</i>	<input type="checkbox"/>
NAME	<i>4770 Bayview DR #209</i>	
STREET ADDRESS	<i>Fort Laud., FL 33308</i>	<input checked="" type="checkbox"/> <i>D</i>
CITY-ST-ZIP		
TITLE	<i>Stephen Dickhouse</i>	<input type="checkbox"/>
NAME	<i>3007 NE 47th Ct #117</i>	
STREET ADDRESS	<i>FT. Laud., FL 33308</i>	<input checked="" type="checkbox"/> <i>D</i>
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *B. McGuire, Treasurer* Date: *8/1/97*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/96)