FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 709110

WELLINGTON ASSOCIATION, INC. A CONDOMINIUM

Principal Place of Business

Mailing Address

FILED Apr 02, 1999 8:00 am § Secretary of State

04-02-1999 90087 010 ****61.25

| 4770 BAYVIEW DR. FT. LAUDERDALE FL 33308 | | 4770 BAYVIEW DR. FT. LAUDERDALE FL 33308 | | | | | | |
|--|--------------------------------------|---|--------------------------|--|--|------------|--------------------------------|------------|
| 2. Principal P | lace of Business | 2a. Mailing Address | | <u> </u> | 3. Date Incorporated or Qualifed 06/09/1965 | | | |
| 21 | <u> </u> | 26 | | - · · · · · · · · · · · · · · · · · · · | 4. FEI Number | | 1 140 | plied For |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 59-1201546 | | | Applicable |
| City & Stat | е | City & State | | | 5. Certifcate of Status Desired | 0 | \$8.75 A Fee Re | dditional |
| Zip 24 | | | Country | y 6. Election Campaign Financing Trust Fund Contribution | | | \$5.00 May Be Added to Fees | |
| 24 | 9. Name and Address of Currer | | | | 10. Name and Address of New R | legistered | Agent | |
| | | | 81 | Name | | | | |
| MCGUIRE, BEVERLY 3001 NE 47 CT. | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| #312 | | | 83 | | | ., | | |
| | ERDALE FL 33308 | | 84 | City | | FL | 85 Zip C | ode |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS | | | | | | | | |
| 12. | | ID DIRECTORS | 13. | | | FICERS AF | Change | Addition |
| TITLE | D | ☐ DELETE | 1.1 TITLE | $D_{\mu\nu}$ | Michael Co | | ☐ Change | Addition |
| NAME | HILL, DAVID | | 1.2 NAME | ADDRESS L 30 | CAED, MICHOELL | 3 | | |
| STREET ADDRESS | l . | | 1.4 CITY-S | T ZD F7 | ALARD, Michaele SI NE 47 Ct # 113 LAUSENGALE, TE 3 | 33308 | ķ . | |
| CITY-ST-ZIP TITLE | FT LAUDERDALE FL 33308 | DELETE | 2.1 TITLE | 1-21- | concertante / | | ☐ Change | Addition |
| NAME | KING, ROSE | | 2.2 NAME | | | | • | |
| STREET ADDRESS | 4770 BAYVIEW DR | | 2.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33308 | | 2.4 CITY-S | T-ZIP | | | | |
| TITLE | T | ☐ DELETE | 3.1 TITLE | | | | ☐ Change | Addition |
| NAME | MCGUIRE, BEVERLY | | 3.2 NAME | | | | | , |
| STREET ADDRESS | | | 3.3 STREET | į. | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33308 | ▼ DELETE | 3.4. CITY-S 4.1 TITLE | ST-ZIP | | | Change | Addition |
| TITLE | DOLT CHILCH | A DESCRIP | 4.1 HILL 4.2 NAME | | | | | _ |
| NAME STREET ADDRESS | BOLT, CHUCK 3000 NE 48 ST. #201 | | 4.3 STREET | LADDRESS | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33308 | | 4.4 CITY-S | | | | | |
| TITLE | S | ☐ DELETE | 5.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | GETEMAN, PATTI | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33305 | | 5.4 CITY-S | T-ZIP | | | | A delition |
| TITLE | P | ☐ DELETE | 6.1 TITLE | 1 | | | Change | ☐ Addition |
| NAME | GETEMAN, RALPH | | 6.2 NAME | FADDDDD | | | | 1 |
| STREET ADDRESS | 4770 BAYVIEW DR. #207 | | 6.3 STREET | | | | | |

14. I 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 suppliemental 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: