

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90135 028 \*\*\*\*61.25

**DOCUMENT # 709110**

1. Entity 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 33308-5370

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1201546**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGUIRE, BEVERLY**  
 3001 NE 47 CT.  
 #312  
 FT. LAUDERDALE FL 33308

Name *Patti Getelman*  
 Street Address (P.O. Box Number is Not Acceptable)  
*4770 Bayview Dr. #207*  
 City *St. Lauderdale* FL Zip Code *33308*

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.

SIGNATURE *Patti Getelman PATTI GETELMAN*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

*1/23/2000*  
 DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, DAVID</b>	
STREET ADDRESS	<b>4770 BAYVIEW DR</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BALLARD, MICHAEL C</b>	
STREET ADDRESS	<b>3001 NE 47CT. #113</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCGUIRE, BEVERLY</b>	
STREET ADDRESS	<b>3001 NE 47 CT. #312</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GETEMAN, PATTI</b>	
STREET ADDRESS	<b>4770 BAYVIEW DR. #207</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33305</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GETEMAN, RALPH</b>	
STREET ADDRESS	<b>4770 BAYVIEW DR. #207</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33305</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Paul Burbage</i>	
STREET ADDRESS	<i>4770 Bayview Dr #209</i>	
CITY-ST-ZIP	<i>St. Lauderdale, FL 33308</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Ray Overway</i>	
STREET ADDRESS	<i>4770 Bayview Dr. #208</i>	
CITY-ST-ZIP	<i>St. Lauderdale, FL 33308</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>LIS SOESMAN</i>	
STREET ADDRESS	<i>4770 Bayview Dr. #308</i>	
CITY-ST-ZIP	<i>St. Lauderdale, FL 33308</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Patti Getelman PATTI GETELMAN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/23/2000*  
 Date Daytime Phone #

CR2E037 (9/99)