

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90281 016 ****61.25

DOCUMENT # 709110
 1. Entity Name
WELLINGTON ASSOCIATION, INC. A CONDOMINIUM

Principal Place of Business 4770 BAYVIEW DR. FT. LAUDERDALE FL 33308	Mailing Address 4770 BAYVIEW DR. FT. LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GETELMAN, PATTI
4770 BAYVIEW DR
#207
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 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

TITLE NAME HILL, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS 4770 BAYVIEW DR #109	
CITY-ST-ZIP FT LAUDERDALE FL 33308	
TITLE NAME BURBAGE, PAUL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4770 BAYVIEW DR., #309	
CITY-ST-ZIP FORT LAUDERDALE FL 33308	
TITLE NAME OKERWAY, ROY	<input type="checkbox"/> Delete
STREET ADDRESS 4770 BAYVIEW DR., #208	
CITY-ST-ZIP FT. LAUDERDALE FL 33308	
TITLE NAME GETEMAN, PATTI	<input type="checkbox"/> Delete
STREET ADDRESS 4770 BAYVIEW DR. #207	
CITY-ST-ZIP FT. LAUDERDALE FL 33305	
TITLE NAME GETEMAN, RALPH	<input type="checkbox"/> Delete
STREET ADDRESS 4770 BAYVIEW DR. #207	
CITY-ST-ZIP FT. LAUDERDALE FL 33305	
TITLE NAME SOESMAN, LIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4770 BAYVIEW DR., #308	
CITY-ST-ZIP FORT LAUDERDALE FL 33308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME <i>Irving Lang</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <i>4770 Bayview Dr #108</i>	
CITY-ST-ZIP <i>St. Lauderdale, Fl. 33308</i>	
TITLE NAME <i>Marcus Ristan</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <i>3001 N.E. 47th Ct #114</i>	
CITY-ST-ZIP <i>St. Land., FL 33308</i>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01 (954) 721-6780
 Date Daytime Phone #

CR2E037 (10/00)