

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90342 005 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

*c/o Consolidated Mgt*  
 Suite, Apt. #, etc.  
**20034 W McNab Rd**

*c/o Consolidated Mgt*  
 Suite, Apt. #, etc.  
**10034 W McNab Rd**

City & State  
**TAMARAC, FL**

City & State  
**TAMARAC, FL**

Zip  
**33321**

Country

Zip  
**33321**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1201546**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GETELMAN, PATTI**  
**4770 BAYVIEW DR**  
**#207**  
**FORT LAUDERDALE FL 33308**

Name **James R. Miles.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Consolidated Community Management**  
**10034 W McNab Rd**  
 City **TAMARAC, FL** Zip Code **33321**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/2/02**  
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	HILL, DAVID	4770 BAYVIEW DR	FT LAUDERDALE FL 33308	<input type="checkbox"/>
D	LANG, IRVING	4770 BAYVIEW DRIVE # 108	FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/>
D	ORERWAY, ROY	4770 BAYVIEW DR., #208	FT. LAUDERDALE FL 33308	<input type="checkbox"/>
S	GETEMAN, PATTI	4770 BAYVIEW DR. #207	FT. LAUDERDALE FL 33305	<input checked="" type="checkbox"/>
P	GETEMAN, RALPH	4770 BAYVIEW DR. #207	FT. LAUDERDALE FL 33305	<input checked="" type="checkbox"/>
T	RISTAU, MARCUS	3001 NE 47TH CT # 114	FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
SD	HILL, DAVID	10034 W McNab Rd	TAMARAC, FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	Greene, Bob	10034 W McNab Rd	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	OVERWAY, ROY	10034 W McNab Rd	TAMARAC, FL 33321	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	SAMSON, Elizabeth	10034 W McNab Rd	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	KING, ROSE	10034 W McNab Rd	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ROSS, Donald	10034 W McNab Rd	TAMARAC, FL 33321	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

**ROBERT L. GREENE** 4/23/02 954 267-9620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)