

FILE NOW: FILING FEE IS \$61.25

FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 715386 (9)**

1. Corporation Name  
**WELLINGTON ARMS, A CONDOMINIUM, INC.**



Principal Place of Business <b>6530 N OCEAN BOULEVARD OCEAN RIDGE FL 33435</b>	Mailing Address <b>6530 N OCEAN BOULEVARD OCEAN RIDGE FL 33435-5249</b>
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3. Date Incorporated or Qualified <b>10/09/1968</b>	3a. Date of Last Report <b>02/14/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>05-9126705</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**JOHN TAIT  
6530 N. OCEAN  
OCEAN RIDGE FL 33435**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TAIT, JOHN	
STREET ADDRESS	6530 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WYKOFF, RICHARD	
STREET ADDRESS	6530 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	PRED	<input checked="" type="checkbox"/> DELETE
NAME	GIBSON, LEONARD	
STREET ADDRESS	6530 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOWLE, WINFIELD	
STREET ADDRESS	6530 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	SECT	<input checked="" type="checkbox"/> DELETE
NAME	WOODRICH, LAURA	
STREET ADDRESS	6530 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	Foster Kneeland DT	<input type="checkbox"/> DELETE
NAME	6530 N Ocean Blvd.	
STREET ADDRESS	Ocean Ridge, Fl 33435	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Mario Tomie DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	6530 N Ocean Blvd.	
1.3 STREET ADDRESS	Ocean Ridge, FL 33435	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CP2E037 (9/96)