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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715386

1. Corporation Name

WELLINGTON ARMS, A CONDOMINIUM, INC.

Principal Place of Business
6530 N OCEAN BOULEVARD
OCEAN RIDGE FL 33435

Mailing Address
6530 N OCEAN BOULEVARD
OCEAN RIDGE FL 33435



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/09/1968

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
05-9126705

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN TAIT
6530 N. OCEAN
OCEAN RIDGE FL 33435

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME TAIT, JOHN
STREET ADDRESS 6530 N OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE

2.1 TITLE Change Addition

NAME WYKOFF, RICHARD
STREET ADDRESS 6530 N OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

NAME TOMIE, MARIO
STREET ADDRESS 6530 N. OCEAN BLVD
CITY-ST-ZIP OCEAN RIDGE FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME TOWLE, WINFIELD
STREET ADDRESS 6530 N. OCEAN BLVD.
CITY-ST-ZIP OCEAN RIDGE FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME KNEELAND, FOSTER
STREET ADDRESS 6530 N. OCEAN BLVD.
CITY-ST-ZIP OCEAN RIDGE FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.074(1), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/99 (561) 276-3220

CR2E037 (11/98)