

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90043 032 ****61.25

DOCUMENT # 715386

1. Entity Name

WELLINGTON ARMS, A CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**6530 N OCEAN BOULEVARD
 OCEAN RIDGE FL 33435**

**6530 N OCEAN BOULEVARD
 OCEAN RIDGE FL 33435-5249**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-9126705

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 _____

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	DS	<input type="checkbox"/> Delete
NAME	TOMIE, MARIO	
STREET ADDRESS	6530 N. OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KNEELAND, FOSTER	
STREET ADDRESS	6530 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES D. SHERMAN

3-2-00 561 3692114

Date

Daytime Phone #

CR2E037 (9/99)