

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90064 031 \*\*\*\*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

92505



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	05-9126705	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **Gail Adams Aaskov**  
 Street Address (P.O. Box Number is Not Acceptable):  
**Management Services**  
**5011 N. Ocean Blvd.**  
 City: **Ocean Ridge** 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: **Gail Adams Aaskov**  
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
--------------------------	--	-----------------------------	---

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TAIT, JOHN	
STREET ADDRESS	6530 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	D/P	<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	DY	<input type="checkbox"/> Delete
NAME	SHERMAN, CHARLES	
STREET ADDRESS	6530 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 checked="" type="checkbox"/> Addition
NAME	McCalla, Stanley	
STREET ADDRESS	6530 N. Ocean Blvd.	
CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **Gail Adams Aaskov** *[Signature]* 4-15-02 561-276-3220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*[Signature]* Stanley McCalla

CR2E037 (9/01)