


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90428 032 ****61.25

DOCUMENT # 715386

1. Entity 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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **05-9126705** Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**AASKOV, GAIL ADAMS
MANAGEMENT SERVICES
5011 N. OCEAN BLVD.
OCEAN RIDGE FL**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<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 checked="" type="checkbox"/> Delete
NAME	SHERMAN, CHARLES	
STREET ADDRESS	6530 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCALLA, STANLEY	
STREET ADDRESS	6530 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	DT	<input type="checkbox"/> Delete Add
NAME	Thompson, Arthur	
STREET ADDRESS	5630 N. Ocean Blvd.	
CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE		<input type="checkbox"/> Delete

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 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 ICA empowered.

SIGNATURE: **Arthur Thompson, Treas**
SIGNATURE: Arthur Thompson 4/17/03 561-276-3220

CR2E037 (10/02)