

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 726391 (6)**

1. Corporation Name

**WELLINGTON MANOR CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

8901-3 N.W. 38 DR.  
~~207-205~~  
CORAL SPRINGS FL 33065

8901-3 N.W. 38 DR.  
~~207-205~~  
CORAL SPRINGS FL 33065



3. Date Incorporated or Qualified

**05/11/1973**

3a. Date of Last Report

**06/22/1995**

4. FEI Number

**59-1656383**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

**21 8901 NW 38 Dr.**

2a. Mailing Address

**26 8901 NW 38 Dr**

Suite, Apt. #, etc.

**22 205**

Suite, Apt. #, etc.

**27 205**

City & State

**23 Coral Springs, FL**

City & State

**28 Coral Springs FL**

Zip

**24 33065**

Country

**25 USA**

Zip

**29 33065**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**TOM SANTUCCI,  
8901 NW 38TH DR.  
#207  
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

**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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD**  
**NAME TOM SANTUCCI**  
**STREET ADDRESS 8901 N.W. 38TH DR. #207**  
**CITY-ST-ZIP CORAL SPRINGS FL 33065**

☐ DELETE

**TITLE VD**  
**NAME EDWARD CAROLAN,**  
**STREET ADDRESS 8901 NW 38TH DR #107**  
**CITY-ST-ZIP CORAL SPRINGS FL 33065**

☐ DELETE

**TITLE SD**  
**NAME ANN MITCHEL,**  
**STREET ADDRESS 8901 NW 38 DR #205**  
**CITY-ST-ZIP CORAL SPRINGS FL 33065**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

**SIGNATURE: Anne Mitchell Anne Mitchell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/22/96**

Date

**954-928-1514**

Daytime Phone #

CR2E037 (12/95)