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**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham.

**FILED** 

Mar 17 1997 8:00am

	DIVISION OF C	ORPORATIONS	Secretary of State
DOCUMENT # 72639	l (6)	····	
WELLINGTON MANOR CONDOMIN	IIUM, INC.		
Principal Place of Business	Mailing Address		
8901 NW 38 DR	8901 NW 38 DR		
#205 CORAL SPRINGS FL 33065	<b>#205</b>	40.44	
US	CORAL SPRINGS FL 33065- US	4341	3. Date Incorporated or Qualified 3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		05/11/1973 02/29/1996 4. FEI Number
21	26		4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
City & State	City & State		Fee Required
23	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zlp Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24 26 9. Name and Address of Current	29 Peolstered Agent	30	Florida Statutes Yes No  10. Name and Address of New Registered Agent
	TO BIOLOGO PAGOTA	81 Name	
TOM SANTUCCI,		82 Street A	Anne P Mitchell Address (P.O. Box Number is Not Acceptable)
6901 NW 38TH DR.		LL_89	701 NW 38 Dr #205
#207 CORAL SPRINGS FL 33065		83 a p	+ 205
CONAL SPRINGS PL 33063		84 City	oral Springs FL 85 Zip Code 33065
11. Pursuant to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I am (amiliar with, and accept the obligation)	of Florida. Such change was at	ulhorized by the corp	oration's board of directors. I hereby accept the appointment as registered
	INTER DI, SECTION 6 17.0303, FIOR	ida Statutes.	
SIGNATURE LINEY THE	call 1700	e P. Mitc	hell, Sec. 2/23/91
	t and title if applicable (NOTE	Rogistered Agent signature	hell, Sec. 2/23/91
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PD	t and title if applicable (NOTE	Rogistered Agent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  V. D □ Change ★ Addition
SIGNATURE Signature, typed or printed name of registered agon  12. OFFICERS AND  TITLE PD  NAME TOM SANTUCCI	t and title if applicable (NOTE:	Rogistered Agent signature  13,  1.1 TITLE  1.2 NAME	Ae((, Sec. 2/23/91) required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  V. D  Change Addition
SIGNATURE Signature, typed or printed name of registered agon  12. OFFICERS AND  TITLE PD  NAME TOM SANTUCCI  STREET ADDRESS 8901 N.W. 387H DR. #207	t and title if applicable (NOTE:	Rogistered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	Action Section State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  V. D Change Maddition  Tane Gissiel  8901 NW 36 Dr. 11-101
SIGNATURE Signature, typed or printed name of registered agen  12. OFFICERS AND  TITLE PD  NAME TOM SANTUCCI  STREET ADDRESS 8901 N.W. 381H DR. #207  CITY-ST-ZIP CORAL SPRINGS FL 33065	t and title if applicable (NOTE) DIRECTORS  MODELETE	Rogistered Agent signature  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP	Action Sec. 2/23/97  required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  V.D Change Addition  Jane Gissiel  8901 NW 38 D. #107  Caral Springs #133065
SIGNATURE Signature, typed or printed name of registered agen  12. OFFICERS AND  TITLE PD  NAME TOM SANTUCCI  STREET ADDRESS 8901 N.W. 38%H DR. #207  CITY-ST-ZIP CORAL SPRINGS FL 33065  TITLE VD	t and title if applicable (NOTE:	Rogistered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	Action  Application  Applicatio
SIGNATURE Signature, typed or printed name of registered agon  12. OFFICERS AND  TITLE PD  NAME TOM SANTUCCI  STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065  TITLE VD  NAME EDWARD CAROLAN,  STREET ADDRESS 8901 NW 38TH DR #107	t and title if applicable (NOTE) DIRECTORS  MODELETE	Rogistered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  V.D Change Addition  Jane Gisriel  8901 NW38D, #109  Coral Springs #133065  Tres.D. Change Maddition
SIGNATURE  Signature, typed or printed name of registered agon  12. OFFICERS AND  TITLE PD  NAME TOM SANTUCCI  STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065  TITLE VD  NAME EDWARD CAROLAN,  STREET ADDRESS 8901 NW 38TH DR #107 CITY-ST-ZIP CORAL SPRINGS FL 33065	I and title if applicable (NOTE)  DIRECTORS  A DELETE	Rogistered Agent signature  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CHY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CHY-ST-ZIP	Actions Sec. 2/23/97  required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  V.D Change Addition  Jane Gisriel 8901 NW 38 Dr # 107  Coral Springs # 33065  Tres D. Change Addition  Harriet Burns 8903 N.W 38 Dr # 204  Coral Springs # 133065
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14. I do 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 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.