

FILE NOW: FILING FEE IS \$61.25

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Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 NW 38 DR #205 CORAL SPRINGS FL 33065 US  
8901 NW 38 DR #205 CORAL SPRINGS FL 33065-4341 US

3. Date Incorporated or Qualified 05/11/1973  
3a. Date of Last Report 02/29/1996  
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 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

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 Anne P Mitchell  
82 Street Address (P.O. Box Number is Not Acceptable) 8901 NW 38 Dr #205  
83 apt 205  
84 City Coral Springs FL 85 Zip Code 33065

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 *Anne P Mitchell* Anne P. Mitchell, Sec. 2/23/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TOM SANTUCCI	
STREET ADDRESS	8901 N.W. 38TH DR. #207	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EDWARD CAROLAN,	
STREET ADDRESS	8901 NW 38TH DR #107	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANN MITCHEL,	
STREET ADDRESS	8901 NW 38 DR #205	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jane Gisriel	
1.3 STREET ADDRESS	8901 NW 38 Dr #107	
1.4 CITY-ST-ZIP	Coral Springs FL 33065	
2.1 TITLE	Tres. D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harriet Burns	
2.3 STREET ADDRESS	8903 N.W 38 Dr #204	
2.4 CITY-ST-ZIP	Coral Springs FL 33065	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

CP2E037 (9/96)