


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/11/1973</b>		3a. Date of Last Report <b>02/29/1996</b>	
21		26		4. FEI Number <b>59-1656383</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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*  
Signature, typed or printed name of registered agent and title if applicable

*Anne P. Mitchell, Sec.*

*2/23/97*  
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	V.D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TOM SANTUCCI			1.2 NAME	Jane Gisriel		
STREET ADDRESS	8901 N.W. 38TH DR. #207			1.3 STREET ADDRESS	8901 NW 38 Dr #107		
CITY-ST-ZIP	CORAL SPRINGS FL 33065			1.4 CITY-ST-ZIP	Coral Springs FL 33065		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Tres D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EDWARD CAROLAN,			2.2 NAME	Harriet Burns		
STREET ADDRESS	8901 NW 38TH DR #107			2.3 STREET ADDRESS	8903 N.W 38 Dr #204		
CITY-ST-ZIP	CORAL SPRINGS FL 33065			2.4 CITY-ST-ZIP	Coral Springs FL 33065		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANN MITCHEL,			3.2 NAME			
STREET ADDRESS	8901 NW 38 DR #205			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33065			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

*Anne P Mitchell*

CR2E037 (9/96)