

FILED
Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726391

1. Corporation Name
WELLINGTON MANOR CONDOMINIUM, INC.

Principal Place of Business 8901 NW 38 DR #205 CORAL SPRINGS FL 33065 US	Mailing Address 8901 NW 38 DR #205 CORAL SPRINGS FL 33065 US
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 05/11/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1656383
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ANNE P. MITCHELL 8901 NW 38TH DR. #205 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 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANE GISRIEL	1.2 NAME	RAY BILLARD
STREET ADDRESS	8901 NW 38 DR. #107	1.3 STREET ADDRESS	1675 NW 69 th TERR.
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	MARGATE FL 33063
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIET BURNS	2.2 NAME	JANE GISRIEL
STREET ADDRESS	8903 NW 38 DR., #204	2.3 STREET ADDRESS	AS SHOWN
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN MITCHEL	3.2 NAME	HARRIET BURNS
STREET ADDRESS	8901 NW 38 DR #205	3.3 STREET ADDRESS	AS SHOWN
CITY-ST-ZIP	CORAL SPRINGS FL 33065	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	JOHN F. O'CONNOR
STREET ADDRESS		4.3 STREET ADDRESS	20777 SONRISA WAY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON, FL 33435
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	ANNE P. MITCHELL
STREET ADDRESS		5.3 STREET ADDRESS	8901 NW 38 th DR. #205
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JOHN F. O'CONNOR 2/2/99 561-487-5410
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)