

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90013 033 ****61.25

DOCUMENT # 726391

1. Entity 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 33065-7802
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1656383

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANNE P. MITCHELL
 8901 NW 38TH DR.
 #205
 CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VD** Delete
 NAME: **JANE GISRIEL**
 STREET ADDRESS: **8901 NW 38 DR. #107**
 CITY-ST-ZIP: **CORAL SPRINGS FL**

TITLE: **D** Change Addition
 NAME: **JANE GISRIEL**
 STREET ADDRESS: **8901 NW 38 DR. #107**
 CITY-ST-ZIP: **CORAL SPRINGS FL**

TITLE: **TD** Delete
 NAME: **HARRIET BURNS**
 STREET ADDRESS: **8903 NW 38 DR., #204**
 CITY-ST-ZIP: **CORAL SPRINGS FL**

TITLE: **T** Change Addition
 NAME: **HARRIET BURNS**
 STREET ADDRESS: **8903 NW 38 DR #204**
 CITY-ST-ZIP: **CORAL SPRINGS FL**

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

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **P** Delete
 NAME: **BILLARD, RAY**
 STREET ADDRESS: **1675 N.W. 69TH TERRACE**
 CITY-ST-ZIP: **MARGATE FL 33063**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **S** Delete
 NAME: **O'CONNOR, JOHN F**
 STREET ADDRESS: **8901 N.W. 38TH DRIVE #205**
 CITY-ST-ZIP: **CORAL SPRINGS FL 33065**

TITLE: Change Addition
 NAME: **O'CONNOR, JOHN**
 STREET ADDRESS: **20777 SONRISA WAY**
 CITY-ST-ZIP: **BOCA RATON FL**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **VD** Change Addition
 NAME: **CAROLAN, EDWARD**
 STREET ADDRESS: **8903 NW 38 DR #206**
 CITY-ST-ZIP: **CORAL SPRINGS FL**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN F. O'CONNOR 4/8/00 561 487 5410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)