

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90109 031 \*\*\*\*61.25

UBR00050

**DOCUMENT # 749425**

1. Entity Name

**WELLINGTON AERO CLUB PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

21045 COMMERCIAL TR  
 BOCA RATON FL 33486  
 US

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 BOCA RATON FL 33486  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*Wellington MANAGEMENT*

*90 Wellington Management*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*12785-C Forest Hill Blvd*

*12785-C Forest Hill Blvd*

City & State

City & State

*Wellington FL*

*Wellington FL*

4. FEI Number

**59-1951800**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

Zip

Country

*33414 Palm Beach*

Zip

Country

*33414 Palm Beach*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWSOME, JOHN  
 % WELLINGTON MANAGEMENT, INC.  
 12785-C FOREST HILL BLVD.  
 WELLINGTON FL 33414**

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	PD	<input type="checkbox"/> Delete
NAME	MORRIS, ROBERT R	
STREET ADDRESS	15870 LINDBERGH LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TABERNILLA, CARLOS	
STREET ADDRESS	2940 GREENBRIAR BLVD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLAERBOIG, PAUL	
STREET ADDRESS	15755 CHANDELLE PLACE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BADGER, ROSAIRE	
STREET ADDRESS	15875 LINDBERGH LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELFERS, FRED	
STREET ADDRESS	15505 TAKE OFF PLACE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PAUL CLAERBOIG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Fred Elfers*  
**REQUIRE FRED ELFERS**

*2-1-02 795-7767*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)