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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State.

DIVISION OF CORPORATIONS

1996
DOCUMENT #

N17376

(7)

WELLINGTON H CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O SELMA D. BAUCOM WELLINGTON H-166 WEST PALM BEACH FL 33417 26 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated or Qualified 10/17/1986 3. Date incorporated incorporation Qualified 10/17/1986 3. Date incorporated incorporation Qualified 10/17/1986 3. Date incorporation Qualified 10/17/1986 3. Date incorporated Qualified 10/17/	C/O SELMA WELLINGTO WEST PALW 2. Principal P 21 Suite, Apt. 22 City & Stat 23 Zip	A D. BAUCOM ON H-146 M BEACH FL 33417 Place of Business . #, etc.	C/O SELMA D. BAUCOM WELLINGTON H-146 WEST PALM BEACH FL: US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		9	3. Date Incorporated or Qualified 10/17/1986 4. FEI Number	e of Last Report 02/06/1995 Applied For
WELLINGTON H-146 WEST PALM BEACH FL 33417 WELLINGTON H-150 WELLINGT	WELLINGTO WEST PALM 2. Principal P 21 Suite, Apt. 22 City & Stat 23 Zip	N H-146 M BEACH FL 33417 Place of Business#, etc. te Country	WELLINGTON H-146 WEST PALM BEACH FL: US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		9	10/17/1986 4. FEI Number	02/06/1995 Applied For
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Suite, Apt. #, etc. Suite, Apt. #, etc.	Suite, Apt. 22 City & Stat 23 Zip	Country	Suite, Apt. #, etc. 27 City & State	****		38-1300300	
22 27 27 5. Certificate of Status Desired Fee Required Fee Required City & State City & State City & State Fee Required Status Desired Fee Required Status Desired Status Desired Des	22 City & Stat 23 Zip	Country	City & State				
23 28 Trust Fund Contribution Added to Fees 24 25 29 30 Florida Statutes 23 Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BAUCOM, SELMA WELLINGTON H-146 WEST PALM BEACH FL 33417 84 City FL 85 Zip Code 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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hybrid or printed name of registered agent, and accept the obligations of, Section 617.0503 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE D DELETE 11 TILE Change Addition Addition DELETE Change Addition Appellabulm, SYLVIA WEST PALM BEACH FL 14.5(ITY-ST-2IP) WEST PALM BEACH FL 14.5(ITY-ST-2IP) ITILE Change Addition Additio	23 Zip	Country	⊢			5. Certificate of Status Desired	Fee Required
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9. Name and Address of Current Registered Agent BAUCOM, SELMA WELLINGTON H-146 WEST PALM BEACH FL 33417 B4 City FL 85 Zip Code 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 offic 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 Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when renestating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTE D DELETE 11 TITLE D Change Addition NAME APPELBAUM, SYLVIA STREET ADDRESS UTY: 51-ZIP WEST PALM BEACH FL 11 Change Addition Addition Change Addition	24	25	Zip	Coun	try		under s. 199.032,
BAUCOM, SELMA WELLINGTON H-146 WEST PALM BEACH FL 33417 B4 City FL 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renatating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 11. TITLE APPELBAUM, SYLVIA WELLINGTON H-150 13. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 14. CITY-ST-ZIP TITLE VPD DELETE 21. TITLE Change Addition		C. Name and Address of Course		30			
BAUCOM, SELMA WELLINGTON H-146 WEST PALM BEACH FL 33417 B4 City FL 85 Zip Code 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 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 Signature, typed or printed name of registered agent and title if applicable NAME OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE D D DELETE 11 TITLE OFAnge Addition NAME APPELBAUM, SYLVIA STREET ADDRESS OITY-ST-ZIP WEST PALM BEACH FL 11 Change Addition Addition Addition		9. Name and Address of Curre	nt Registered Agent		Name	10. Name and Address of New Registered A	gent
WEST PALM BEACH FL 33417 B4 City FL 85 Zip Code 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 offic 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 Signature. Isped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THLE D DELETE 1.1 TILE Change Addition NAME SIRELI ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 1.4 CITY-ST-ZIP THLE VPD DELETE 1.4 CITY-ST-ZIP Change Addition	BALICC	M CCIMA		L			
WEST PALM BEACH FL 33417 B4 City FL B5 Zip Code 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 affector 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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renatating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THLE D D DELETE 1.1 TILE Change Addition APPELBAUM, SYLVIA SIRRET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 1.4 CITY-ST-ZIP TITLE VPD Change Addition				6	Street Ad	dress (P.O. Box Number is Not Acceptable)	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE D DELETE 1.1 TILLE Change Addition Addition STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 1.4 CITY-ST-ZIP TILLE Change Addition				ŢĒ	33	, and the second	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1.3 TITLE APPELBAUM, SYLVIA SIRREH ADDRESS WELLINGTON H-150 1.3 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 14 CITY-ST-ZIP TITLE Change Addition				-	RAL City	· · · · · · · · · · · · · · · · · · ·	Tes Zin Code
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						FL	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change APPELBAUM, SYLVIA 12 NAME STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 1.4 CITY-ST-ZIP TITLE VPD DATE 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE Change Addition Addition Addition Addition Addition Addition Addition	11. Pursuant or registe familiar w	to the provisions of Sections 617.0502 ered agent, or both, in the State of Flori vith, and accept the obligations of, Sec	2 and 617.1508, Florida Statutes, ida. Such change was authorized tion 617.0503, Florida Statutes.	the above by the co	e-named corporporation's bo	oration submits this statement for the purpose of char ard of directors. I hereby accept the appointment as r	iging its registered office egistered agent. I am
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D D DELETE 13 TITLE Change Addition NAME APPELBAUM, SYLVIA 12 NAME STREET ADDRESS WELLINGTON H-150 13 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 14 CITY-ST-ZIP TITLE VPD DELETE 21 TITLE Change Addition	SIGNATURE	-					
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WEAT BALLA BELOU E	TITLE NAME						
CITY-ST-ZIP WEST PALM BEACH FL 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further	TITLE NAME STREET ADORESS	WELLINGTON H-244 WEST PALM BEACH FL			I .		

1. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

CHANGE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/9/6 407-689-3465

CR2E037 (12/95)