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Mar 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N17376 (7)

1. Corporation Name  
WELLINGTON H CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
C/O SELMA D. BAUCOM WELLINGTON H-146 WEST PALM BEACH FL 33417  
C/O SELMA D. BAUCOM WELLINGTON H-146 WEST PALM BEACH FL 33417-2551 US

3. Date Incorporated or Qualified 10/17/1986  
3a. Date of Last Report 03/16/1996

2. Principal Place of Business 2a. Mailing Address  
C/O SIDNEY SHERMAN C/O SIDNEY SHERMAN

4. FEI Number 59-1586380  
Applied For Not Applicable

Suite, Apt. #, etc. 27. Suite, Apt. #, etc.  
WELLINGTON H 244 WELLINGTON H 244

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State 28. City & State  
WEST PALM BCH., FL. WEST PALM BCH., FL.

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip 24. 33417 25. PALM BCH. 29. 33417 30. U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
BAUCOM, SELMA  
WELLINGTON H-146  
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent  
81 Name SIDNEY SHERMAN  
82 Street Address (P.O. Box Number is Not Acceptable) 244 WELLINGTON H  
83  
84 City W.P.B. FL 85 Zip Code 33417

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 SIDNEY SHERMAN TD Sidney Sherman 2/27/97  
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPELBAUM, SYLVIA	1.2 NAME	
STREET ADDRESS	WELLINGTON H-150	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	<del>VPD</del> VPD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, FRED	2.2 NAME	ZUCKERMAN, FRED
STREET ADDRESS	WELLINGTON H-440	2.3 STREET ADDRESS	WELLINGTON H 440
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BCH., FL.
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>WEITSMAN, EDWARD</del>	3.2 NAME	STROGER, SYLVIA
STREET ADDRESS	<del>WELLINGTON H-152</del>	3.3 STREET ADDRESS	344 WELLINGTON H
CITY-ST-ZIP	<del>W PALM BEACH FL</del>	3.4 CITY-ST-ZIP	W.P.B. FL.
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUCOM, SELMA	4.2 NAME	GARTENHAUS STANLEY
STREET ADDRESS	WELLINGTON H-146	4.3 STREET ADDRESS	341 WELLINGTON H
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	W.P.B. FL.
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPPELMAN, SAMUEL	5.2 NAME	
STREET ADDRESS	WELLINGTON H-347	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<del>VPD</del> VPD <input type="checkbox"/> DELETE	6.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, SIDNEY	6.2 NAME	SHERMAN SIDNEY
STREET ADDRESS	WELLINGTON H-244	6.3 STREET ADDRESS	WELLINGTON H 244
CITY-ST-ZIP	WEST PALM BEACH FL	6.4 CITY-ST-ZIP	WEST PALM BCH. FL.

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.

SIGNATURE: Sidney Sherman SIDNEY SHERMAN 561-689-8488  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0038455

CR2E037 (9/96)