


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 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 # N17376

1. Corporation Name
WELLINGTON H CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O SIDNEY SHERMAN WELLINGTON H 244 WST PALM BEACH FL 33417 US	Mailing Address C/O SIDNEY SHERMAN WELLINGTON H 244 WEST PALM BEACH FL 33417 US
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2. Principal Place of Business 21 WELLINGTON H	2a. Mailing Address 26 WELLINGTON H	3. Date Incorporated or Qualified 10/17/1986
Suite, Apt. #, etc. 22 344	Suite, Apt. #, etc. 27 344	4. FEI Number 59-1586380
City & State 23 WPA FLA	City & State 28 WPA FLA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33417	Country 25 PB	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33417	Country 30 PB	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
STROGER, SYLVIA 344 WELLINGTON H WEST PALM BCH FL 33417				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				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 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 _____ DATE _____
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	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUCKERMAN, FRED	1.2 NAME	
STREET ADDRESS	WELLINGTON H 440	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROGER, SYLVIA	2.2 NAME	
STREET ADDRESS	344 WELLINGTON H	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARTENHAUS, STANLEY	3.2 NAME	
STREET ADDRESS	341 WELLINGTON H	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPPELMAN, SAMUEL	4.2 NAME	
STREET ADDRESS	WELLINGTON H-347	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, SIDNEY	5.2 NAME	
STREET ADDRESS	WELLINGTON H-244	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	PD CRUSCO, PETER
STREET ADDRESS		6.3 STREET ADDRESS	WELLINGTON H
CITY-ST-ZIP		6.4 CITY-ST-ZIP	WPA-FLA 33417

14. 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 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: *Sylvia Stroger* SIGNATURE REQUIRED: *Peter Crusco* Date: *2/29/99* Daytime Phone #: *471-8791*