

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17376

1. Entity Name

WELLINGTON H CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90057 014 ****61.25

Principal Place of Business	Mailing Address
WELLINGTON H 344 WST PALM BEACH FL 33417 PB	WELLINGTON H 344 WEST PALM BEACH FL 33417-2573 PB



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
WELLINGTON H	WELLINGTON H
Suite, Apt. #, etc. 244	Suite, Apt. #, etc. 244
City & State W.P.B., FL.	City & State W.P.B., FL.
Zip 33417	Country P.B.
Country P.B.	Zip 33417
Country P.B.	Country P.B.

4. FEI Number	Applied For
59-1586380	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent

STROGER, SYLVIA
344 WELLINGTON H
WEST PALM BCH FL 33417

7. Name and Address of New Registered Agent

Name: SHERMAN, SIDNEY
 Street Address (P.O. Box number is Not Acceptable): 244 WELLINGTON H
 City: W.P.B. FL. FL Zip Code: 33417

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: SIDNEY SHERMAN *Sidney Sherman* TD 2/1/2000
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZUCKERMAN, FRED WELLINGTON H 440 WEST PALM BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STROGER, SYLVIA 344 WELLINGTON H WEST PALM BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOPPELMAN, SAMUEL WELLINGTON H-347 W PALM BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUSCO, PETER WELLINGTON H WPB FL 33417 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANLEY GARTENHAUS WELLINGTON H 341 W.P.B. FL. 33417 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIDNEY SHERMAN 244 WELLINGTON H W.P.B. FL. 33417 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRUSCO, PETER 346 WELLINGTON H W.P.B., FL. 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TEITELBAUM, ARTHUR 447 WELLINGTON H W.P.B. FL. 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *PETER F. CRUSCO*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00-561-684-2268
 Date Daytime Phone #