

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17376

1. Entity Name

WELLINGTON H CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

WELLINGTON H  
244  
WST PALM BEACH FL 33417  
PB

Mailing Address

WELLINGTON H  
244  
WST PALM BEACH FL 33417  
PB

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1586380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERMAN, SIDNEY  
244 WELLINGTON H  
WEST PALM BCH FL 33417

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 TD ☐ Delete  
NAME SHERMAN, SIDNEY  
STREET ADDRESS 244 WELLINGTON H  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME KOPPELMAN, SAMUEL  
STREET ADDRESS WELLINGTON H-347  
CITY-ST-ZIP W PALM BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME CRUSCO, PETER  
STREET ADDRESS WELLINGTON H  
CITY-ST-ZIP WPB FL 33417

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS CRUSCO, PETER  
CITY-ST-ZIP 346 WELLINGTON H  
W.P.B. FL. 33417

TITLE PD ☐ Delete  
NAME CARTENHAUS, STANLEY  
STREET ADDRESS WELLINGTON H 341  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME TEITELBAUM, ARTHUR  
STREET ADDRESS 447 WELLINGTON H  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
NAME BARA, BERNARD  
STREET ADDRESS 451 WELLINGTON H  
CITY-ST-ZIP W.P.B., FL. 33417

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: SIDNEY SHERMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2001

Date

561-689-8488

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

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02-20-2001 90070 030 \*\*\*\*61.25

FILED  
Feb 20, 2001 8:00 am  
Secretary of State