

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:28

DOCUMENT # **N17612 (5)**

1. Corporation Name

**WELLINGTON M CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% HARRY HAFTER  
WELLINGTON M-312  
WEST PALM BEACH FL 33417  
US

% HARRY HAFTER  
WELLINGTON M-312  
WEST PALM BEACH FL 33417  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/31/1986** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-1606288** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAFTER, HARRY  
WELLINGTON M-312  
WEST PALM BEACH 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>HAFTER, HARRY</b>
STREET ADDRESS	<b>312 WELLINGTON M.</b>
CITY-ST-ZIP	<b>W PALM BEACH FL</b>
TITLE	<b>V</b>
NAME	<b>BEREST, SAMUEL</b>
STREET ADDRESS	<b>203 WELLINGTON M.</b>
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>
TITLE	<b>T</b>
NAME	<b>ISRAELOFF, JEANNE</b>
STREET ADDRESS	<b>213 WELLINGTON M.</b>
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>
TITLE	<b>SD</b>
NAME	<b>COHEN, ANNE</b>
STREET ADDRESS	<b>WELLINGTON M-114</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>GERSH, ALBERT</b>
STREET ADDRESS	<b>WELLINGTON M-210</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>SOLOFF, RUTH</b>
STREET ADDRESS	<b>309 WELLINGTON, M.</b>
CITY-ST-ZIP	<b>W. PALM BCH. FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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:

*Anne H. Cohen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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