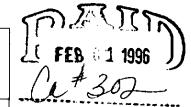
FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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



1996

DOCUMENT # N17612

(5)

WELLINGTON M CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address * HARRY HAFTER WELLINGTON M-312 WELLINGTON M-312											
WEST PALM BEACH FL 33417 US		WEST PALM BEACH FL 33417 US			3. Date Incorporated or Qualified 10/31/1986		te of Last 03/09/1				
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number		''' '	Applied For	
21		26					59-1606288			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•			5. Certificate of Status Desired		•	Additional Regulred	
City & Stati	e	City & State	¬ ´				6. Election Campaign Financing		\$5.0	O May Be	
23		28					Trust Fund Contribution			d to Fees	
Z(p				ountry 8. This corporation has liability for in							
24	9. Name and Address of Curre	29 Ant Bagistored Agent	30		-			Yes 🗌			
	9. Name and Address of Curre	int Hegistered Agent		81	Name		10. Name and Address of New Re	gistered /	Agent		
	5 11455V			61	Name						
HAFTER, HARRY			Ī	82 Street Addres			s (P.O. Box Number is Not Acceptable)			
	IGTON M-312			83							
WEST F	PALM BEACH FL 33417			63							
			ľ	84	City			FL	85 Zip	Code	
or register	to the provisions of Sections 617.050 red agent, or both, in the State of Flo ith, and accept the obligations of, Sec	rida. Such change was authoriz	ea by the c	/e-n orpo	amed co oration's	orporation board	on submits this statement for the purport directors. I hereby accept the appoin	see of cha	nging its re registered	egistered office agent. I am	
SIGNATURE											
	Signature, typed or printed name of registered age		TE Registered	Agen1	t signature r	required wh	ien reinstaling)	DATE			
12.	1	ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TITLE	P	DELETE	1 1 TIT	LE					Change	Addition	
NAME	HAFTER, HARRY		1.2 NA	ME						i	
STREET ADDRESS	312 WELLINGTON M.		1.3 ST	IEET.	ADDRESS						
CITY - ST - ZIP	W PALM BEACH FL		1.4 CIT		- ZIP						
TITLE	V	DELETE	2.1 TITLE					ι	_ Change	Addition	
NAME			4	2.2 NAME							
STREET ADDRESS	203 WELLINGTON M.		2.3 STF	2.3 STREET ADDRESS							
CITY-SI-ZIP	W. PALM BCH. FL			2. 4 CiTY - ST - ZiP							
TITLE	IODAELOEE HEANNE	DELETE	3.1 T(T)					Ĺ	_ Change	Addition	
NAME STREET ADDRESS	ISRAELOFF, JEANNE 213 WELLINGTON M.		3.2 NA		1000						
CITY-SI-ZIP	W. PALM BCH. FL				ADDRESS						
TITLE	SD SD	DELETE	3.4. CIT		1 - ZIP			F	Change	☐ Addition	
NAME	COHEN, ANNE	Doccert	4.1111 4.2 NA		i			L	⊇ AudulAc		
STREET ADDRESS	WELLINGTON M-114				*ODBECC	1					
CITY-ST-ZIP	WEST PALM BEACH FL				ADDRESS						
TITLE	D D	DELETE	4 4 CiT		- Lir				Change	Addition	
NAME	GERSH, ALBERT		5.2 NAI					L.	_ 0.10/190		
STREET ADDRESS	WELLINGTON M-210				address						
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CIT			i					
TITLE	D	DELETE	6.1 TITE		- t1L				Change	Addition	
NAME	SOLOFF, RUTH		6.2 NA						T overille		
STREFT ADDRESS	309 WELLINGTON, M.				ADDRESS						
CITY-ST-7IP	W. PALM BCH. FL		6.3 S I I								

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: Un

nne A. Cohen Secretary

Feb. 9, 1996 407-689-3729

CR2E037 (12/95)