FILE NOW: FILING FEE IS $61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33417-2554 US

3. Date Incorporated or Qualified: 10/31/1986
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1606288 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

HAFTER, HARRY
WELLINGTON M-312
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

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 Anne W. Cohen ANNE W. COHEN, SEC.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HAFTER, HARRY		1.2 NAME		
STREET ADDRESS	312 WELLINGTON M.		1.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BEREST, SAMUEL		2.2 NAME		
STREET ADDRESS	203 WELLINGTON M.		2.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH. FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	TREAS.	☒ Change ☐ Addition
NAME	ISRAELOFF, JEANNE		3.2 NAME	RUTH SOLOFF	
STREET ADDRESS	213 WELLINGTON M.		3.3 STREET ADDRESS	309 WELLINGTON M	
CITY-ST-ZIP	W. PALM BCH. FL		3.4 CITY-ST-ZIP	W PALM BEACH, FL 33417	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, ANNE		4.2 NAME		
STREET ADDRESS	WELLINGTON M-114		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GERSH, ALBERT		5.2 NAME		
STREET ADDRESS	WELLINGTON M-210		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SOLOFF, RUTH		6.2 NAME		
STREET ADDRESS	309 WELLINGTON, M.		6.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH. FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Anne W. Cohen Pres ANNE W. COHEN 3/31/97 FL