

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 27 1998 8:00am
Secretary of State

DOCUMENT # N17612 (5)
1. Corporation Name
WELLINGTON M CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
% HARRY HAFER
WELLINGTON M-312
WEST PALM BEACH FL 33417
US

3. Date Incorporated or Qualified
10/31/1986

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.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

24 Zip Country 29 Zip Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAFER, 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 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

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
NAME HAFER, HARRY
STREET ADDRESS 312 WELLINGTON M.
CITY-ST-ZIP W PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME BEREST, SAMUEL
STREET ADDRESS 203 WELLINGTON M.
CITY-ST-ZIP W. PALM BCH. FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME SOLOFF, RUTH
STREET ADDRESS 309 WELLENTON M
CITY-ST-ZIP W. PALM BCH. FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME COHEN, ANNE
STREET ADDRESS WELLINGTON M-114
CITY-ST-ZIP WEST PALM BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GERSH, ALBERT
STREET ADDRESS WELLINGTON M-210
CITY-ST-ZIP WEST PALM BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME SOLOFF, RUTH
STREET ADDRESS 309 WELLINGTON, M.
CITY-ST-ZIP W. PALM BCH. FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME FAY LIEBERMAN
6.3 STREET ADDRESS 304 WELLINGTON M
6.4 CITY-ST-ZIP IN PALM BEACH FL 33417

14. 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 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

9/23/98 561-689-3729

CR2E037 (5/98)