2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
02-13-2001 90592 030 ****61.25

0003658

DOCUMENT # N17612

1. Entity 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

D0017021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
% STEWART GOODMAN	% STEWART GOODMAN
Suite, Apt. #, etc.: 301 WELLINGTON M	Suite, Apt. #, etc.: 301 WELLINGTON M
City & State: W PALM BEACH FL	City & State: W PALM BEACH FL
Zip: 33417 Country: USA	Zip: 33417 Country: USA

4. FEI Number 59-1606288 ☐ 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
HAFTER, HARRY WELLINGTON M-312 WEST PALM BEACH FL 33417	Name: STEWART GOODMAN Street Address (P.O. Box Number is Not Acceptable): 301 WELLINGTON M City: W PALM BEACH FL Zip Code: 33417

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] 2-6-01

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CO-PRESIDENT HAFTER, HARRY 312 WELLINGTON M. WEST PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BERENST, SAMUEL 203 WELLINGTON M. WEST PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LIEBERMAN, FAY 304 WELLINGTON M WEST PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COHEN, ANNE WELLINGTON M-114 WEST PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERSH, ALBERT WELLINGTON M-210 WEST PALM BEACH FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO-PRESIDENT STEWART GOODMAN 301 WELLINGTON M W PALM BEACH, FL 33417	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOLOMON, EDWARD 105 WELLINGTON M W PALM BCH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: A SIGNATURE REQUIRED [signature] 2/7/01 561-689-3719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #