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**Mar 29, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N22001**

1. Corporation Name

**WELLINGTON AT BRECKENRIDGE CONDOMINIUM ASSOCIATI  
ON, INC.**

Principal Place of Business

C/O MARQUIS MANAGEMENT, INC.  
9400 GLADIOLUS DRIVE #100  
FORT MYERS FL 33908  
US

Mailing Address

C/O MARQUIS MANAGEMENT, INC.  
9400 GLADIOLUS DRIVE #100  
FORT MYERS FL 33908  
US



2. Principal Place of Business

**210 THE MANAGEMENT CONNECTION, INC.**

2a. Mailing Address

**270 THE MANAGEMENT CONNECTION, INC.**

3. Date Incorporated or Qualified

**08/12/1987**

Suite, Apt. #, etc.

**13400 S. CLEVELAND AVE #203**

Suite, Apt. #, etc.

**13400 S. CLEVELAND AVE #203**

4. FEI Number

**65-0104229**

Applied For

Not Applicable

City & State

**FT. MYERS, FL**

City & State

**FT. MYERS, FL**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

**33907** Country **U.S.**

Zip

**33907** Country **US**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**STILPHEN, PETER  
MARQUIS MANAGEMENT, INC.  
9400 GLADIOLUS DRIVE #100  
FORT MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name

**ARLENE A. FREDEN**

82 Street Address (P.O. Box Number is Not Acceptable)

**THE MANAGEMENT CONNECTION, INC. #203**

83

**13400 S. CLEVELAND AVE #203**

84 City

**FT. MYERS**

**FL**

85 Zip Code

**33907**

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 **Arlene A. Freden**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/4/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD, MEIKLEJOHN, ROBERT**  
STREET ADDRESS **4131 GUNNISON CT #1022**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE ☐ DELETE

NAME **VPD BAROTA, ROBERT**  
STREET ADDRESS **4140 GUNNISON CT #623**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE ☐ DELETE

NAME **SD BLAINE, RITA**  
STREET ADDRESS **4151 ASHCROFT CT. #111**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE ☐ DELETE

NAME **TD RACZ, MARY ANN**  
STREET ADDRESS **4141 GUNNISON CT #924**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE ☐ DELETE

NAME **D COOKE, RICHARD**  
STREET ADDRESS **4131 GUNNISON CT #1011**  
CITY-ST-ZIP **ESTERO FL 33928**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: **Robert Meiklejohn**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/4/99**

Date

Daytime Phone #

CR2E037 (11/98)