


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90064 038 ****61.25

0042195

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N36908

1. Corporation Name

WELLINGTON MALL TENANTS ASSOCIATION, INC.

Principal Place of Business

12794 W. FOREST HILL BLVD.
WELLINGTON FL 33414
US

Mailing Address

675 ROYAL PALM BCH. BLVD.
ROYAL PALM BCH. FL 33411
US

7 76314 90064 38



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/01/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0175919	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
24		25		29	
Country		Country		30	
				6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SANTAMARIA, JESS R.
675 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTAMARIA, JESS R	1.2 NAME	
STREET ADDRESS	675 ROYAL PALM BEACH BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILITELLO, DOROTHY	2.2 NAME	
STREET ADDRESS	12794 FOREST HILL BLVD., #11B	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GWENDOLYN	3.2 NAME	
STREET ADDRESS	12794 FOREST HILL BLVD., #2	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99
Date

Daytime Phone #

CR2E037 (1/198)