


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

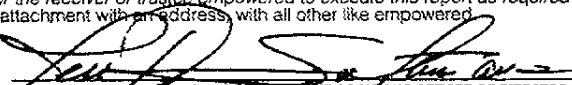
FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N36908.					
1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 65-0175919	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTAMARIA, JESS R. 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTAMARIA, JESS R		NAME		
STREET ADDRESS	675 ROYAL PALM BEACH BLVD.		STREET ADDRESS		
CITY - ST - ZIP	ROYAL PALM BEACH FL 33411		CITY - ST - ZIP		U00000054276 02/16/04-80165-010 61.25
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILITELLO, DOROTHY		NAME		
STREET ADDRESS	12794 FOREST HILL BLVD., #11B		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH FL 33414		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, GWENDOLYN		NAME		
STREET ADDRESS	12794 FOREST HILL BLVD., #2		STREET ADDRESS		
CITY - ST - ZIP	WELLINGTON FL		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		



MOORE CR2E037 (11/03)

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:  2/16/04 (56) 793-2351