FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43727** **(9)**

1. Corporation Name
WELLINGTON STATION HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1885 KNOX MCRAE DR. TITUSVILLE FL 32780	1885 KNOX MCRAE DR. TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1991
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2111989 ☐ Applied For ☐ Not Applicable

21	2. Principal Place of Business: 1482 Wellington Circle	26	2a. Mailing Address: 1482 Wellington Circle
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State: Rockledge FL	28	City & State: Rockledge FL
24	Zip: 32955	29	Zip: 32955
25	Country: Brevard	30	Country: Brevard

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GALLO, PATRICK P. 1885 KNOX MCRAE DR. TITUSVILLE FL 32780	81 Name: Linda Haney 82 Street Address (P.O. Box Number is Not Acceptable): 1482 Wellington Circle 83 84 City: Rockledge FL 85 Zip Code: 32955

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Linda Haney — 4/25/95
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	D	11 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	GALLO, PATRICK P.	12 NAME	John Doctor	
STREET ADDRESS	1885 KNOX MCRAE DR	13 STREET ADDRESS	1455 Victoria Blvd	
CITY-ST-ZIP	TITUSVILLE FL	14 CITY-ST-ZIP	Rockledge, FL. 32955	
TITLE	D	21 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	GRIBBONS, PHILLIP	22 NAME	Linda Haney	
STREET ADDRESS	1885 KNOX MCRAE DR	23 STREET ADDRESS	1482 Wellington Circle	
CITY-ST-ZIP	TITUSVILLE FL	24 CITY-ST-ZIP	Rockledge, FL. 32955	
TITLE	D	31 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	PONTONES, JAMES	32 NAME	Diane Davison	
STREET ADDRESS	1885 KNOX MCRAE DR	33 STREET ADDRESS	1421 Victoria Blvd	
CITY-ST-ZIP	TITUSVILLE FL	34 CITY-ST-ZIP	Rockledge, FL. 32955	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

Wellington Station Home Owners Association, Inc

SIGNATURE: Linda Haney — 4/25/95 — (407) 632-5657
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Linda Haney, Secretary

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