FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

Corporation Name

CITY-ST-7IP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 **DOCUMENT #**

WELLINGTON STATION HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 1491 WELLINGTON CIRCLE 1491 WELLINGTON CIRCLE ROCKLEDGE FL 32955-4328 **ROCKLEDGE FL 32955** US 3. Date Incorporated or Qualified 05/31/1991 3a. Date of Last Report 11/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2111989 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MOSS, BRENDA 82 Street Address (P.O. Box Number is Not Acceptable) 1491 WELLINGTON CIRCLE 83 **ROCKLEDGE FL 32955** 84 City Zip Code 85 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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agen) algorature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE 1.1 TITLE Change ___ Addition TITLE MOSS, BRENDA 1.2 NAME NAME 1491 WELLINGTON CIRCLE STREET ADDRESS 1.3 STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 TITLE TITLE HANEY, LINDA NAME 2.2 NAME 1482 WELLINGTON CIRCLE 2.3 STREET ADDRESS STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP D DELETE Change Addition 3.1 TITLE TITLE OATES, KEVIN NAME 3.2 NAME 1438 VICTORIA BLVD 3.3 STREET ADDRESS STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition 4.1 TITLE ☐ Change TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE Change TITLE NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-\$1-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

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 chapter 6, or on an attachment with an address. SIGNATURE:

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

26 Mar 97 407 6328580

FILED

Apr 01 1997 8:00am

Secretary of State