

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43727 (9)
1. Corporation Name
WELLINGTON STATION HOMEOWNERS' ASSOCIATION, INC.

98 AUG 14 AM 10:19



Principal Place of Business
1435 VICTORIA BLVD
1481 WELLINGTON CIRCLE
ROCKLEDGE FL 32955
US

Mailing Address
~~1435 VICTORIA BLVD~~
~~1481 WELLINGTON CIRCLE~~
ROCKLEDGE FL 32955
US

3. Date Incorporated or Qualified
05/31/1991

4. FEI Number
59-2111989

Applied For
Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~MOSS, BRENDA~~
~~1491 WELLINGTON CIRCLE~~
~~ROCKLEDGE FL 32955~~

STEPHEN TURNER
1435 VICTORIA BLVD
ROCKLEDGE, FL 32955

10. Name and Address of New Registered Agent

81 Name
STEPHEN M. TURNER

82 Street Address (P.O. Box Number is Not Acceptable)
1435 VICTORIA BLVD

83 City
ROCKLEDGE

84 State
FL

85 Zip Code
32955

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: *Stephen M. Turner* (NOTE: Registered Agent signature required when reinstating) DATE: 20, 1998

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	MOSS, BRENDA	
STREET ADDRESS	1491 WELLINGTON CIRCLE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	☒ DELETE
NAME	HANEY, LINDA	
STREET ADDRESS	1482 WELLINGTON CIRCLE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	☐ DELETE
NAME	VICE-PRESIDENT	
NAME	OATES, KEVIN	
STREET ADDRESS	1438 VICTORIA BLVD	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	PRESIDENT	☒ Change ☐ Addition
1.2 NAME		BOBBY RICHARDS	
1.3 STREET ADDRESS		1470 WELLINGTON CIRCLE	
1.4 CITY-ST-ZIP		ROCKLEDGE FL 32955	
2.1 TITLE	D	TREASURER	☒ Change ☐ Addition
2.2 NAME		STEPHEN TURNER	
2.3 STREET ADDRESS		1435 VICTORIA BLVD	
2.4 CITY-ST-ZIP		ROCKLEDGE FL 32955	
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.

SIGNATURE: *Stephen M. Turner* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 20, 1998 DAYTIME PHONE #