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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43727 ✓

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

Principal Place of Business	Mailing Address
1439 VICTORIA BLVD. ROCKLEDGE FL 32955 US	1439 VICTORIA BLVD. ROCKLEDGE FL 32955 US

591650 - 90019 - 6

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 1467 WELLINGTON CIRCLE	Suite, Apt. #, etc. 27 1467 WELLINGTON CIRCLE
City & State 23 ROCKLEDGE, FLORIDA	City & State 28 ROCKLEDGE, FLORIDA
Zip 24 32955 Country 25 USA	Zip 29 32955 Country 30 USA

3. Date Incorporated or Qualifed: 05/31/1991

4. FEI Number: 59-2111989 ☐ Applied For ☒ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TURNEY, STEPHEN M
1439 VICTORIA BLVD.
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name: RALPH B. GAY
82 Street Address (P.O. Box Number is Not Acceptable)
83 1467 WELLINGTON CIRCLE
84 City: ROCKLEDGE 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: Ralph B. Gay — RALPH B. GAY (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: JULY 12, 1999

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☒ DELETE	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	OATES, KEVIN		1.2 NAME	MORRIS, TIM	
STREET ADDRESS	1438 VICTORIA BLVD.		1.3 STREET ADDRESS	1463 WELLINGTON CIRCLE	
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP	ROCKLEDGE, FLORIDA 32955	
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	RICHARDS, BOBBY		2.2 NAME	EBY, MARY LOU	
STREET ADDRESS	1470 WELLINGTON CIRCLE		2.3 STREET ADDRESS	1430 VICTORIA BOULEVARD	
CITY-ST-ZIP	ROCKLEDGE FL 32955		2.4 CITY-ST-ZIP	ROCKLEDGE, FLORIDA 32955	
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	TURNEY, STEPHEN		3.2 NAME	GAY, RALPH B.	
STREET ADDRESS	1439 VICTORIA BLVD		3.3 STREET ADDRESS	1467 WELLINGTON CIRCLE	
CITY-ST-ZIP	ROCKLEDGE FL 32955		3.4. CITY-ST-ZIP	ROCKLEDGE, FLORIDA 32955	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Ralph B. Gay — RALPH B. GAY — JULY 12, 1999 — (407) 632-4454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RE REQUIRED