

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004218 (2)

1. Corporation Name
WELLINGTON CHASE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business: **1819 MAIN ST., STE. 500 SARASOTA FL 34236**
Mailing Address: **1819 MAIN ST., STE. 500 SARASOTA FL 34236**

3. Date Incorporated or Qualified: **09/05/1995**
3a. Date of Last Report: _____
4. FEI Number: **Applied for**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-2d) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent
**PITCHFORD, MALCOLM J
240 S. PINEAPPLE AVE., TENTH FLOOR
SARASOTA FL 34236**

10. Name and Address of New Registered Agent (81-85)
81 Name: **Charles R. King**
82 Street Address: **1111 10th Ave W. Palmetto FL**
84 City: **Palmetto FL**
85 Zip Code: **34221**

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]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)
DATE: **4-16-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REKOW, DAVID H	
STREET ADDRESS	1819 MAIN ST., STE. 500	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAHN, DAVID L	
STREET ADDRESS	1819 MAIN ST., STE. 500	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HILL, M. BRET	
STREET ADDRESS	1819 MAIN ST., STE. 500	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	T/S	<input type="checkbox"/> DELETE
NAME	BRASGALLA, ROSE	
STREET ADDRESS	1819 MAIN ST., STE. 500	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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.

SIGNATURE: *[Signature]* Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **David H. Rekow**
DATE: **4-16-96**
DAYTIME PHONE: _____

CR2E037 (12/95)