

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

1819 MAIN ST., STE. 500  
SARASOTA FL 34236

1819 MAIN ST., STE. 500  
SARASOTA FL 34236-5984

3. Date Incorporated or Qualified  
09/05/1995

3a. Date of Last Report  
05/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

592132347

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, CHARLES R  
1611 10TH AVE W  
PALMETTO FL 34221

81 Name

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

83

84 City

FL

85 Zip Code

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, 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	PD REKOW, DAVID H	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President / D
NAME	1819 MAIN ST., STE. 500		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	SARASOTA FL 34236		1.2 NAME Darln Smouse
CITY - ST - ZIP			1.3 STREET ADDRESS 1819 Main St. Sulte 500
			1.4 CITY - ST - ZIP Sarasota, FL 34236
TITLE	VD HAHN, DAVID L	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	1819 MAIN ST., STE. 500		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SARASOTA FL 34236		2.2 NAME
CITY - ST - ZIP			2.3 STREET ADDRESS
			2.4 CITY - ST - ZIP
TITLE	TS BRASGALLA, ROSE	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	1819 MAIN ST., STE. 500		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	SARASOTA FL 34236		3.2 NAME
CITY - ST - ZIP			3.3 STREET ADDRESS
			3.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME
CITY - ST - ZIP			4.3 STREET ADDRESS
			4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME
CITY - ST - ZIP			5.3 STREET ADDRESS
			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME
CITY - ST - ZIP			6.3 STREET ADDRESS
			6.4 CITY - ST - ZIP

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97 941  
9554454  
Date Daytime Phone # 0081151

CR2E037 (9/96)