

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90116 039 ****61.25

DOCUMENT # N95000004218
 1. Entity Name
WELLINGTON CHASE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
5550 BEE RIDGE ROAD, SUITE E-3 SARASOTA FL 34233 **5550 BEE RIDGE ROAD, SUITE E-3 SARASOTA FL 34233-1505**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3341391** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~MANAGER OF WELLINGTON CHASE COUNTY~~
~~5550 BEE RIDGE ROAD, SUITE E-3~~
~~SARASOTA FL 34233~~

7. Name and Address of New Registered Agent
 Name **Argus Property Management, Inc**
 Street Address (P.O. Box Number is Not Acceptable) **2477 Stickney Point Rd #118A**
 City **Sarasota** FL Zip Code **34231**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *W. E. Hammerling* **W. E. Hammerling** **4-24-00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMOUSE, DARIN	
STREET ADDRESS	1819 MAIN ST., STE. 500	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRASGALLA, ROSE	
STREET ADDRESS	1819 MAIN ST., STE. 500	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LE GAULT, PAT	
STREET ADDRESS	1819 MAIN ST STE 500	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAMUELS, THERESA	
STREET ADDRESS	6244 WEYMOUTH DR	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	RALEIGH, JOHN	
STREET ADDRESS	4914 AVON LN	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sprague, Donald	
STREET ADDRESS	4915 Avon Lane	
CITY-ST-ZIP	Sarasota FL 34238	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matera, Paul	
STREET ADDRESS	4854 Oldham Street	
CITY-ST-ZIP	Sarasota FL 34238	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schultz, Noel	
STREET ADDRESS	4986 Oldham Street	
CITY-ST-ZIP	Sarasota FL 34238	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerard, Shannon	
STREET ADDRESS	6212 Weymouth Drive	
CITY-ST-ZIP	Sarasota FL 34238	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Troy, Anne	
STREET ADDRESS	6291 Buckingham Street	
CITY-ST-ZIP	Sarasota FL 34238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. E. Hammerling* **W. E. Hammerling** **4-24-00** **941-349 091A**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)