


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90302 027 \*\*\*\*61.25

**DOCUMENT # N95000004218**

1. Entity Name  
**WELLINGTON CHASE-HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business Mailing Address

% ARGUS PROPERTY MANAGEMENT, INC.  
 2477 STICKNEY POINT RD. SO. 118 A  
 SARASOTA FL 34233

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 2477 STICKNEY POINT RD. SO. 118 A  
 SARASOTA FL 34231



MOORE CR2E037 (11/03)

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

**ARGUS PROPERTY MANAGEMENT, INC.**  
**2477 STICKNEY POINT ROL 118A**  
**SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City **FL** Zip Code \_\_\_\_\_

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME	PD SPRAGUE, DONALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4915 AVON LANE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE NAME	SD MATERA, PAUL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4854 OLDHAM STREET	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE NAME	VD SCHULTZ, NOEL	<input type="checkbox"/> Delete
STREET ADDRESS	4986 OLDHAM STREET	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE NAME	TD SPALL, CHARLES E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5001 STURBRIDGE CT	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE NAME	D LING, JUDI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6343 STURBRIDGE COURT	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	D P HURST Robert	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6367 Sturbridge Ct	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE NAME	D T Jeri Coschi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5028 Sturbridge Ct	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE NAME	D Schultz Noel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4986 Oldham St.	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE NAME	D V PUCKETT Richard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4835 Bradburn Ct	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE NAME	D S Mechanic Joseph	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4987 Oldham St	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other like empowered.

SIGNATURE: *Robert P. Hurst* **ROBERT P. HURST** 4-27-04 904-927-0316

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