

FILE NOW: FILING FEE IS \$61.25

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**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90026 038 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000001682

1. Corporation Name  
**WELLINGTON PATIO HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business: 6709 RIDGE RD. PT. RICHEY FL 34668  
 Mailing Address: 6709 RIDGE RD. PT. RICHEY FL 34668



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/26/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3438522	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		25		29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NORTON, DAVID C 6709 RIDGE RD. PT. RICHEY FL 34668				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORTON, DAVID C		1.2 NAME		
STREET ADDRESS	6709 RIDGE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PT. RICHEY FL 34668		1.4 CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SLEEMAN, GEORGE		2.2 NAME		
STREET ADDRESS	6709 RIDGE RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PT. RICHEY FL 34668		2.4 CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SILVA, SUSAN		3.2 NAME		
STREET ADDRESS	6709 RIDGE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PT. RICHEY FL 34668		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: SIGATURE REQUIRED NORTON 3-4-99  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)