

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001682

1. Entity Name

WELLINGTON PATIO HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90088 026 \*\*\*\*61.25

Principal Place of Business 2180 WEST SR 434. STE 5000 LONGWOOD FL 32779-5044	Mailing Address 2180 WEST SR 434. STE 5000 LONGWOOD FL 32779
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10730 U. S. 19 Suite, Apt. #, etc. Suite 17 City & State Port Richey, FL Zip 34668	Country Pasco	3. Mailing Address 10730 U. S. 19 Suite, Apt. #, etc. Suite 17 City & State Port Richey, FL Zip 34668	Country Pasco
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4. FEI Number 59-3438522	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORTON, DAVID C  
 6709 RIDGE RD.  
 PT. RICHEY FL 34668

7. Name and Address of New Registered Agent

Name  
 Qualified Property Management, Inc.  
 Street Address (P.O. Box Number is Not Acceptable)  
 10730 U. S. 19  
 Suite 17  
 City  
 Port Richey FL Zip Code  
 34668

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: Ronald Potts AGENT DATE: 3/27/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NORTON, DAVID C <del>6709 RIDGE RD.</del> PT. RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SLEEMAN, GEORGE <del>6709 RIDGE RD.</del> PT. RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SILVA, SUSAN <del>6709 RIDGE RD.</del> PT. RICHEY FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	26750 U. S. 19 N. Suite 301 Clearwater, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DAVID C. NORTON, PRES. Date: 4-17-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)