

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007174

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90056 022 ****61.25

1. Entity Name

WELLINGTON GREEN MASTER PROPERTY OWNERS ASSOCIAT *R*

Principal Place of Business

7900 GLADES RD., STE. 510
 BOCA RATON FL 33434-4150

Mailing Address

7900 GLADES RD., STE. 510
 BOCA RATON FL 33434-4150

2. Principal Place of Business

7900 Glades Road

Suite, Apt. #, etc.

Suite 320

City & State

Boca Raton, Florida

Zip

33434-4104

Country

USA

3. Mailing Address

7900 Glades Road

Suite, Apt. #, etc.

Suite 320

City & State

Boca Raton, Florida

Zip

33434-4104

Country

USA

4. FEI Number

65-0995356

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 E. PARK AVE.
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name **Ralph B. Jacobsohn**

Street Address (P.O. Box Number is Not Acceptable)
7900 Glades Road, Suite 320

City **Boca Raton,**

FL

Zip Code
33434-4104

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Ralph B. Jacobsohn
Ralph B. Jacobsohn, Director, Vice-President

9-11-00

9/11/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	JACOBSON, RALPH B	
STREET ADDRESS	7900 GLADES RD., STE. 510	
CITY-ST-ZIP	BOCA RATON FL 33434-4150	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOOLIK, GARY R	
STREET ADDRESS	7900 GLADES RD., STE. 510	
CITY-ST-ZIP	BOCA RATON FL 33434-4150	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'CONNELL, MICHAEL J	
STREET ADDRESS	C/O TAUBMAN CO., 200 E. LONG LAKE RD.	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7900 Glades Road, Suite 320	
CITY-ST-ZIP	Boca Raton, Florida 33434-4104	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7900 Glades Road, Suite 320	
CITY-ST-ZIP	Boca Raton, Florida 33434-4104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Ralph B. Jacobsohn
SIGNATURE REQUIRED

Signature, typed or printed name of signing officer or director

9-11-00

9/11/00 Date

561-883-5959* Dying Phone #

CR2E037 (5/00)