

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90210 036 \*\*\*\*61.25

**DOCUMENT # N99000007174**  
 1. Entity Name  
**WELLINGTON GREEN MASTER PROPERTY OWNERS ASSOCIAT**

Principal Place of Business 7900 GLADES RD., STE. 320 BOCA RATON FL 33434-4150 4104	Mailing Address 7900 GLADES RD., STE. 320 BOCA RATON FL 33434-4150 4104
--	--



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **65-0995356** Applied For  Not Applicable

Zip <b>33434-4104</b> Country	Zip <b>33434-4104</b> Country
-------------------------------	-------------------------------

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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 **Gary R. Koolik**  
 Street Address (P.O. Box Number is Not Acceptable) **7900 Glades Road Suite 320**  
 City **Boca Raton** **FL** Zip Code **33434**

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 **Gary Koolik** **4-10-01**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>JACOBSON, RALPH B</b> <b>7900 GLADES RD., STE. 510</b> <b>BOCA RATON FL 33434-4150</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KOOLIK, GARY R.</b> <b>7900 GLADES RD., STE. 510</b> <b>BOCA RATON FL 33434-4150</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>O'CONNELL, MICHAEL J</b> <b>C/O TAUBMAN CO., 200 E. LONG LAKE RD.</b> <b>BLOOMFIELD HILLS MI 48303</b>
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	<b>D VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JACOBSON, RALPH B</b> <b>7900 GLADES RD., STE 320</b> <b>BOCA RATON FL 33434-4101</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>KOOLIK, GARY R.</b> <b>7900 GLADES RD., STE. 510</b> <b>BOCA RATON FL 33434-4104</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>HAROLD B. JACOBSON</b> <b>7900 GLADES ROAD, SUITE 320</b> <b>BOCA RATON, FL 33434-4104</b>
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: **Gary R. Koolik** **4-10-01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)