2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000007174

1. Entity Name
WELLINGTON GREEN MASTER PROPERTY OWNERS ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

02032004 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

KOOLIK, GARY R.
7900 GLADES ROAD
SUITE 320
BOCA RATON, FL 33434

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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)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	JACOBSOHN, RALPH B
STREET ADDRESS	7900 GLADES ROAD STE 320
CITY-ST-ZIP	BOCA RATON, FL 334344101
TITLE	DS
NAME	KOOLIK, GARY R
STREET ADDRESS	7900 GLADES RD., STE. 320
CITY-ST-ZIP	BOCA RATON, FL 334344104
TITLE	D
NAME	BEERMANN, LARRY
STREET ADDRESS	10300 WEST FOREST HILL BLVD, SUITE 2000
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	P
NAME	JACOBSOHN, HAROLD B
STREET ADDRESS	7900 GLADES ROAD, SUITE 320
CITY-ST-ZIP	BOCA RATON, FL 334344104
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/04-80135-004 61.25

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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: _____ President Feb 6 04 561 883 5959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #