

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000007174

FILED
Apr 29, 2003
Secretary of State

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

Current Principal Place of Business:

7900 GLADES RD., STE. 320
BOCA RATON, FL 334344104

New Principal Place of Business:

Current Mailing Address:

7900 GLADES RD., STE. 320
BOCA RATON, FL 334344104

New Mailing Address:

FEI Number: 65-0995356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: JACOBSON, RALPH B
Address: 7900 GLADES ROAD STE 320
City-St-Zip: BOCA RATON, FL 334344101

Title: DS () Delete
Name: KOOLIK, GARY R
Address: 7900 GLADES RD., STE. 320
City-St-Zip: BOCA RATON, FL 334344104

Title: D () Delete
Name: BEERMANN, LARRY
Address: 10300 WEST FOREST HILL BLVD, SUITE 2000
City-St-Zip: WELLINGTON, FL 33414

Title: P () Delete
Name: JACOBSON, HAROLD B
Address: 7900 GLADES ROAD, SUITE 320
City-St-Zip: BOCA RATON, FL 334344104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD B JACOBSON

P

04/29/2003

Electronic Signature of Signing Officer or Director

Date