FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N30338** **(0)**

1. Corporation Name

WELLINGTON EDGE PROPERTY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3901 WASHINGTON RD STE 301 MCMURRAY PA 15317 US	[illegible] [illegible] [illegible] [illegible]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/25/1989**

3a. Date of Last Report: **07/25/1994**

4. FEI Number: **65-0100362** ☐ Applied For ☐ Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 1905 Wellington Edge Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Wellington, FL
Zip / Country 24 / 25	Zip / Country 29 33414 / 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRANE, ROBERT L. 515 NORTH FLAGLER DRIVE SUITE 1800 WEST PALM BEACH FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVAS	11 TITLE	DV/AS	XX Change ☐ Addition
NAME	[illegible]	12 NAME	Michael Kalland	
STREET ADDRESS	[illegible]	13 STREET ADDRESS	814 S.W. 7th Terrace	
CITY-ST-ZIP	BELLE GLADE FL	14 CITY-ST-ZIP	Florida City, FL 33034	
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	KALLAND, DENISE	22 NAME		
STREET ADDRESS	1750 NORTH FLORIDA MANGO	23 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP		
TITLE	DST	31 TITLE		☐ Change ☐ Addition
NAME	BOVE, TERRY F.	32 NAME		
STREET ADDRESS	3901 WASHINGTON RD, STE 301	33 STREET ADDRESS	Terry F. Bove	
CITY-ST-ZIP	MCMURRAY PA	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Terry F. Bove 4-28-95 412-942-4370
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

607343