

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30338** (0)  
1. Corporation Name  
**WELLINGTON EDGE PROPERTY ASSOCIATION, INC.**

Principal Place of Business <b>3901 WASHINGTON RD STE 301 MCMURRAY PA 15317 US</b>	Mailing Address <b>1906 WELLINGTON EDGE BLVD STE 301 WELLINGTON FL 33414 US</b>
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3. Date Incorporated or Qualified <b>01/25/1989</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>65-0100362</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>CRANE, ROBERT L. 515 NORTH FLAGLER DRIVE SUITE 1800 WEST PALM BEACH FL 33401</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVAS	1.1 TITLE	DVAS
NAME	KALLAND, MICHAEL	1.2 NAME	PATRICIA LOESCH
STREET ADDRESS	814 S W 7TH TERRACE	1.3 STREET ADDRESS	407 ABBEYVILLE ROAD
CITY-ST-ZIP	FLORIDA CITY FL	1.4 CITY-ST-ZIP	PITTSBURGH, PA 15228
TITLE	DP	2.1 TITLE	DST
NAME	KALLAND, DENISE	2.2 NAME	MICHAEL MALONE
STREET ADDRESS	1750 NORTH FLORIDA MANGO	2.3 STREET ADDRESS	490 BARNICKLE STREET
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	MEADOWLANDS, PA 15347
TITLE	DST	3.1 TITLE	
NAME	BOVE, TERRY F.	3.2 NAME	
STREET ADDRESS	3901 WASHINGTON RD, STE 301	3.3 STREET ADDRESS	
CITY-ST-ZIP	MCMURRAY PA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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:

*Michael Malone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/96  
Date

412-225-2179  
Daytime Phone #

CR2E037 (3/96)