

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 01 1997 8:00am
Secretary of State

DOCUMENT # **N30338** (0)

1. Corporation Name

WELLINGTON EDGE PROPERTY ASSOCIATION, INC.



Principal Place of Business

**3901 WASHINGTON RD
STE 301
MCMURRAY PA 15317
US**

Mailing Address

**1805 WELLINGTON EDGE BLVD
STE 301
WELLINGTON FL 33414-6111
US**

3. Date Incorporated or Qualified
01/25/1989

3a. Date of Last Report
07/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVAS
LOESCH, PATRICIA
407 ABBEYVILLE ROAD
PITTSBURGH PA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
MALONE, MICHAEL
490 BARNICKLE STREET
MEADOWLANDS PA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
BOVE, TERRY F.
3901 WASHINGTON RD, STE 301
MCMURRAY PA**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by appears in Block 12 or Block 13 if changed, or on an attachment with an address.

(i), Florida Statutes. I further certify that the have the same legal effect as if made under oath; that Chapter 617, Florida Statutes; and that my name

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

3/24/97
Date

412-225-2179
Daytime Phone # 0041133

CR2E037 (9/96)