

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 3901 WASHINGTON RD STE 301 MCMURRAY PA 15317 US	Mailing Address 1905 WELLINGTON EDGE BLVD STE 301 WELLINGTON FL 33414 US
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2. Principal Place of Business 21 1801 FOREST HILL BLVD.	2a. Mailing Address 26 1801 FOREST HILL BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WELLINGTON FL	City & State 28 WELLINGTON FL
Zip 24 33414	Country 25 USA
Zip 29 33414	Country 30 USA

3. Date Incorporated or Qualified 01/25/1989
4. FEI Number 65-0100362
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CRANE, ROBERT L. 515 NORTH FLAGLER DRIVE SUITE 1800 WEST PALM BEACH FL 33401
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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

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DVAS <input type="checkbox"/> DELETE
NAME	LOESCH, PATRICIA
STREET ADDRESS	407 ABBEYVILLE ROAD
CITY-ST-ZIP	PITTSBURGH PA
TITLE	DST <input type="checkbox"/> DELETE
NAME	MALONE, MICHAEL
STREET ADDRESS	490 BARNICKLE STREET
CITY-ST-ZIP	MEADOWLANDS PA
TITLE	DST <input type="checkbox"/> DELETE
NAME	BOVE, TERRY F.
STREET ADDRESS	3901 WASHINGTON RD, STE 301
CITY-ST-ZIP	MCMURRAY PA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 2/15/98 724-225-2179

CR2E037 (10/97)