

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N30338

WELLINGTON EDGE PROPERTY ASSOCIATION, INC.

Principal Place of Business 18051 FOREST HILL BLVD. WELLINGTON FL 33414

US

Mailing Address

18051 FOREST HILL BLVD. WELLINGTON FL 33414

FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90115 018 ****70.00



21 70 GLEN MANAGEMENT SVC 26 90 GLEN MANAGEMENT SVC 01/25/1989 Suite, Apt. #, etc. Suite, Apt. #, etc. 4 FEI Number 65-0100362 Not Applied For Not Applicable City & State City & State BOCA PLATON FL 28 BOCA RATON FL 28 Country Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be						
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City & State City & State City	Suite, Apt.		100 - K72		 	
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9. Name and Address of Current Registered Agent CRANE, ROBERT L 515 NORTH FLAGLER DRIVE SUITE 1800 WEST PALM BEACH FL 33401 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 agent. In marialiar with, and accept the obligations of, Section 617:0503, 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, and accept the obligations of, Section 617:0503, Florida Statutes. SIGNATURE Signature, year or protect area of the f applications. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME LOESCH, PATRICIA 407 ABBETYPILLE ROAD PITTSBURGH PA 13. STREET ADDRESS CITY-ST-2P MALONE, MICHAEL 22. NAME AND ONLY ST-2P TITLE DST MALONE, MICHAEL 23. STREET ADDRESS CITY-ST-2P MEADOWLANDS PA 24. ACTY-ST-2P TITLE DST DELETE 31. TITLE ADDRESS ADDRESS ACTY-ST-2P PYSIJANT AND OFFICERS ACTIVITY AND OFFICERS	23 POU		ON FL	5. Certificate of Status Desired	7	
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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, on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP