

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30338

1. Entity Name

WELLINGTON EDGE PROPERTY ASSOCIATION, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90041 011 ****70.00

Principal Place of Business	Mailing Address
C/O GLEN MANAGEMENT SVC 4301 OAK CIRCLE #23 BOCA RATON FL 33431 US	C/O GLEN MANAGEMENT SVC 4301 OAK CIRCLE #23 BOCA RATON FL 33431-4258 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>C/O Glen Management Services</i> Suite, Apt. #, etc. <i>301 W. Camino Gardens Blvd, #200</i> City & State <i>BOCA RATON, FL</i> Zip <i>33430</i> Country <i>USA</i>	3. Mailing Address <i>C/O Glen Management Services</i> Suite, Apt. #, etc. <i>P.O. Box 1390</i> City & State <i>BOCA RATON, FL</i> Zip <i>33429</i> Country <i>USA</i>
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4. FEI Number 65-0100362	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRANE, ROBERT L 515 NORTH FLAGLER DRIVE SUITE 1800 WEST PALM BEACH FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRAUTMAN, ROBERT J 600 W. HILLSBORO BLVD #101 DEERFIELD BCH FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALONE, MICHAEL 490 BARNICKLE STREET MEADOWLANDS PA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOVE, TERRY F. 3901 WASHINGTON RD, STE 301 MCMURRAY PA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J. Trautman* / **Robert J. Trautman** 2/7/2000 561-392-0977
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)