

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90675 040 ****61.25

DOCUMENT # N30338

1. Entity Name

WELLINGTON EDGE PROPERTY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10851 FOREST HILLS BLVD.
 WELLINGTON FL 33414
 US

10851 FOREST HILLS BLVD.
 WELLINGTON FL 33414
 US

430060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0100362

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRELLA, CURT
C/O CAMPBELL PROPERTY MANAGEMENT
3918 POINCIANA DRIVE, STE. 9
LAKE WORTH FL 33467

Name **RICHARD J. LEVY**
 Street Address (P.O. Box Number is not acceptable) **C/O CAMPBELL PROPERTY MANAGEMENT**
3918 POINCIANA DR. STE 9
 City **LAKE WORTH** FL Zip Code **33467**

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

Richard J. Levy

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~DD~~ ☐ Delete
 NAME **CURRO, ROBERT**
 STREET ADDRESS **1947 OAK BERRY CIRCLE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~DD~~ ☐ Delete
 NAME **PANIAN, TIM**
 STREET ADDRESS **10757 PELICAN DRIVE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **LEAR, BRAD**
 STREET ADDRESS **10919 OAK BEND WAY**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **WEINSTEIN, ALAN**
 STREET ADDRESS **10705 HIDDEN BEND WAY**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **PD** ☒ Change ☐ Addition
 NAME **PAWAN RIVERA**
 STREET ADDRESS **10754 HIDDEN BEND WAY**
 CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **D** ☒ Delete
 NAME **ERAZO, DAVID**
 STREET ADDRESS **1604 OAK BERRY CIRCLE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **V.P. S.P.** ☒ Change ☐ Addition
 NAME **JOAN CARTWRIGHT**
 STREET ADDRESS **1892 BARSTABLE RD.**
 CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

Daytime Phone #

CR2E037 (9/01)