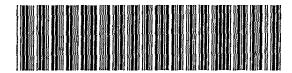
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Wellingtons Edge Property Association
DOCUMENT NUMBER: N 30338
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DAVID A. CORE  (Name of person)
(Name of person)
ST JOHN, CORE & LEMME, P.A.  (Name of firm/company)
(Name of firm/company)
1601 FORM PLACE, SUITE 701 (Address)
(Address)
WEST PARM BOACH, FL 33401 (City/state and zip code)
(City/state and zip code)
For further information concerning this matter, please call:
KIMBERLY RUSH at 561, 655 - 8994  (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & daytume telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p	provisions of sec	<i>tions 607.05</i> (	92, 617.0502	, <i>607.150</i> 8	, or 617.150	8, Florio	ia Statutes, ti	his state	ment of	•
change is submit	tted for a corpor	ation organiz	ed under the	laws of the	e State of	FLOC	4DA		in orde	er
to change its reg	istered office or	registered ag	gent, or both,	in the Stat	e of Florida.				_	
					0		1 -			
1. The name of the	he corporation:	WELLIN	GTON	LOGE	PROPER	<u> TY</u>	HSSOCIAT	700	10	<u>ب</u>
2. The principal	office address:	10851	FORES	T HILL	BOULEY	/ARD				
	· · · · · · · · · · · · · · · · · · ·						14			<del></del>
3. The mailing a	ddress (if differe			·				<u> </u>		_
4. Date of incorp	oration/qualific	ation: 1/2	5/89	Docur	ment number	. N3	30338	<u> </u>		_
5. The name and Florida Depart		f the current r	registered ag	ent and reg	istered offic	e on file	with the	LLAH		
•	LYI	NELLE	S. BE	GGETT-				ASSI ASSI	5	}
	Clo	CAMPI	BELL	Propor	TV MAN	MGEM	5UT	HQ T	PR	П
	3918	CAMPI PONCIAN	A DRIV	v€, Su	, r= 9,	LAKE I	WORTH, FL		2: <sub>7</sub> -3	J
6. The name and (if changed):								D		
	STIJOH	IN, CORE	= = LE	MME,	P.A.					ne v
	1601	Forum	PLACE	S	THE 7	0)				
		(P.O. B)	ox or benous m	ulbox NO1 nox	eptatic)	·	<b>.</b>			
	WE	ST PAR	m 155	ACH,	tropio	A 5	340)			
The street addre	ss of its register identical.	red office and	l the street a	ddress of t	he business	office o	f its register	ed agen	t, as	
Such change wa	s authorized by	resolution de s been notifie	uly adopted ed in writing	by its boar of the cha	d of directo inge.	rs or by	an officer so	o author	ized by	•
- X	auxiture of an officer	UU director)			ALA	U L	Jeins	te:	$\alpha_1$	IP
I hereby decept i I further agree to duties, and I am being filed mere been notified in			d agent and of all status obligation registered of	agree to a tes relative of my posi ffice addre	-	,	•	•	* .	y 5
DC.	Plan		_			_	13,200			_
(	Signature of Register	ed Agent)		<u>-</u>		7	(Date)	/		_
If signing on bel	nalf of an entity	:								
DANG	D A. Con	E			S	ECRE	TARY			
	(Typed or Printed N	ame)				(	(Capacity)			-

\* \* \* FILING FEE: \$35.00 \* \* \*