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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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FILED
Apr 14 1998 8:00am
Secretary of State

1. Corporation Name	6 (3)									
FIRST WELLINGTON, INC.			İ							
Principal Place of Business	Mailing Address			I Manis idaia idaa sisaa sisaa hiili ahaa sah ah ahan ah	Į!					
12791-A WEST FOREST HILL BLVD. WELLINGTON FL 33414 US	12781-A WEST FOREST HILL BLVD WELLINGTON PL-33414*		C·	3. Date Incorporated or Qualified 05/04/1972 4. FEI Number Applied Fo						
2. Principal Place of Business	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Co	oci)	E 201	59-1687222 Not Applied 5. Certificate of Status Desired \$8.75 Additions Fee Required						
Suite, Apt. #, etc.	Gold, Apr. #, old.	g.,		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
City & State City & State 28				7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No						
Zip Country 25	City & Stele Charles 28 Control Contro	untry	USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.						
9. Name and Address of Curr	ent Regi er i de nt			10. Name and Address of New Registered Agent						
BLEAU, DENISE J 400 SOUTH DIXIE HWY		81 82 83	Harno	ess (P.O. Box Number is Not Acceptable)						
SUITE 420 BOCA RATON FL 33432		84	City	FL 85 Zip Code						
 Pursuant to the provisions of Sections 617.0 office or registered agent, or both, in the Sta agent, I am familiar with, and accept the obl 	te of Florida. Such change was authorize	ed by	the corporation	pration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as register	or ed ed					

SIGNATURE _		AVOTE: P		required when reinstating) DATE		
12.	Signature, typed or printed name of registered agent and title if applic OFFICERS AND DIRECTORS	 	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 12
TITLE	VD	DELETE	1.1 TITLE	INP	Change	Addition
NAME	FRANSETTA, TONY		1.2 NAME	OSTRY, JERRY 1400 SAILBOAT CIRCLE		_
STREET ADDRESS	12059 SUNSET POINT COURT		1.3 STREET ADDRESS	1400 SAILBOAT CIRCLE		
CITY-ST-ZIP	WEST PALM BEACH FL	4	1.4 CITY-ST-ZIP	WELLINGTON, FL 33414		
TITLE	n	DELETE		AVA	Change	Addition
NAME	TALBOT, DONNA	—	2.2 NAME	RITTAR LINDA		`
STREET ADDRESS	1814 TULIP LANE		2.3 STREET ADDRESS	BITTAR, LINDA 14367 BELMONT TRACE		
CITY-ST-ZIP	WEST PALM BEACH FL	_		WELLINGTON, FL 33414		
TITLE	TD	DELETE	3.1 TITLE	65	Change	Addition
NAME	SILVER, KARY	•	3.2 NAME	SANDE BRICE		`
STREET ADDRESS	11881 DONLIN DRIVE		3.3 STREET ADDRESS	SANDE, BRUCE 1444 COLD SPEING COURT		
CITY-ST-ZIP	WEST PALM BEACH FL	•	3.4. CITY-ST-ZIP	WELLINGTON, FL 33414	1	_
TITLE	PD	DELETE	4.1 TITLE	67	Change	Addition
NAME	PICONCELLI JOSEPH	•	4. 2 NAME	SCHREIER BERNICE		,
STREET ADDRESS	2567 APPALOOSA TRAIL		4.3 STREET ADDRESS	19/2 WISTERIA ST.		
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	WELLINGTON, FL 33414		
TITLE	SD SD	DELETE	5.1 TITLE		Change	Addition .
HAME	UNGER GEORGE	•	5.2 NAME			
STREET ADDRESS	14344 DRAFT HORSE LANE		5.3 STREET ADDRESS			
CITY-ST-ZIP	WELLINGTON FL		5.4 CITY-ST-ZIP			
TITLE	D	DELETE	6.1 TITLE		☐ Change	Addition
NAME	DELRUSSO, ALEXANDER	-	6.2 NAME	1 a a 11 . CT		
STREET ADDRESS	14661 DRAFTHORSE LANE		6.3 STREET ADDRESS	See Attached List Fi Additional Officers	DY	
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY-ST-ZIP	Additional Officers		

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.

MIGNATURE:

SIGNATURE YER UIRED

4-6-98 561-641-8554

NONPROFIT CORPORATION ANNUAL REPORT

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OLEAN A	NEWAE I					(<u> </u>										
BLEAU, (82	Sti	reet Add	dress (P.O.	Box Numbe	r is Not A	cceptab	e)			
	TH DIXIE HWY					83										
SUITE 42						"	7									
	ATON FL 33432					84	Ci	ity					FL	85	Zip (ode
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r nereby certify that the information supplied with this filing does not quality 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 execute 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 a stachment with an address.

THEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR