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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 723348

1. Corporation Name

FIRST WELLINGTON, INC.

Principal Place of Business

12791-A WEST FOREST HILL BLVD.
 WELLINGTON FL 33414
 US

Mailing Address

GRS MANAGEMENT ASSOC INC
 3900 WOODLAKE BLVD SUITE 201
 LAKE WORTH FL 33463
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/04/1972

4. FEI Number

59-1687222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

BLEAU, DENISE J
400 SOUTH DIXIE HWY
SUITE 420
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FRANSETTA, TONY	
STREET ADDRESS	12059 SUNSET POINT COURT	
CITY-ST-ZIP	WELLINGTON FL 38414	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	OSTRY, JERRY	
STREET ADDRESS	1400 SAILBOAT CIR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BITTAR, LINDA	
STREET ADDRESS	14367 BELMONT TR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PICONCELLI JOSEPH	
STREET ADDRESS	787 CEDAR COVE RD	
CITY-ST-ZIP	WELLINGTON FL 38414	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SANDE, BRUCE	
STREET ADDRESS	1444 COLD SPRING CT	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SCHREIER, BERNICE	
STREET ADDRESS	1962 WISTERIA ST	
CITY-ST-ZIP	WELLINGTON FL 33414	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Signature of Registered President

561-641-8554

CR2E037 (1/98)