

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 30, 2001 8:00 am
Secretary of State

04-02-2001 90087 038 ****61.25

DOCUMENT # 726391

1. Entry Name

WELLINGTON MANOR CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

8901 NW 38 DR
~~#206~~ 204
 CORAL SPRINGS FL 33065
 US

8901 NW 38 DR
~~#206~~ 204
 CORAL SPRINGS FL 33065
 US

2. Principal Place of Business

3. Mailing Address

8901 NW 38 DR

8901 NW 38 DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

204

City & State

City & State

CORAL SPRINGS FL

CORAL SPRINGS FL

Zip

Country

Zip

Country

33065

BROWARD

33065

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ANNE P MITCHELL~~

~~8901 NW 38TH DR.~~

~~#205~~

~~CORAL SPRINGS FL 33065~~

Name

JOHN F. O'CONNOR

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

20777 SONARISA WAY

City

BOCA RATON

FL

Zip Code

33433

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

Signature, typed or printed name of registered agent and file 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 **VD** ☒ Delete

NAME ~~JANE GRIFF~~
 STREET ADDRESS 8901 NW 38 DR. #107
 CITY-ST-ZIP CORAL SPRINGS FL

TITLE **TD** ☒ Delete

NAME ~~HARRIET BURNS~~
 STREET ADDRESS 8903 NW 38 DR., #204
 CITY-ST-ZIP CORAL SPRINGS FL

TITLE **VD** ☐ Delete

NAME ANN MITCHEL
 STREET ADDRESS 8901 NW 38 DR #205
 CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE **R/D** ☐ Delete

NAME BILLARD, RAY
 STREET ADDRESS 1675 N.W. 69TH TERRACE
 CITY-ST-ZIP MARGATE FL 33063

TITLE **S** ☐ Delete

NAME O'CONNOR, JOHN F
 STREET ADDRESS 8901 N.W. 38TH DRIVE #205
 CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE **P** ☐ Delete

NAME DR. ED CAROLAN
 STREET ADDRESS 8901 NW 38 DR #206
 CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ Change ☒ Addition

NAME MRS. PEG LANE
 STREET ADDRESS 8903 NW 38 DR. #104
 CITY-ST-ZIP CORAL SPRINGS, FL

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E037 (10/00)