

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 OCT 27 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763870

1. Corporation Name

Wellington Homeowners Association, INC.

Principal Place of Business

Mailing Address

Wellington Homeowners Association
P.O. Box 5026
Tampa FL 33675

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-3464426

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

61 Name

TONY ALHOMSI

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

14118 VILLAGE TERR. DR.

63

64 City

TAMPA

FL

85 Zip Code

33624

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

T. Alhamsi

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/26/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PRESIDENT / DIRECTOR
MR TONY ALHOMSI
14118 VILLAGE TERRACE DRIVE
TAMPA FL 33624

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

VICE PRESIDENT / DIRECTOR
JERALD JACOBS
7716 BRENTONWOOD DR.
TAMPA, FL 33615

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TREASURER / DIRECTOR
MR Wladimir Botchelo
16211 Pinerock Drive
Tampa FL 33624

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

SECRETARY
TIM & AMANDA SCHILLE
14021 VILLAGE TERR. DR.
TAMPA, FL 33624

DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

T. Alhamsi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/97 (813) 272-5960

CR2E037 (9/96)