

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 763870 (3)
 1. Corporation Name
WELLINGTON HOMEOWNERS ASSOCIATION, INC.

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| Principal Place of Business P.O. BOX 5026 TAMPA FL 33675 | Mailing Address P.O. BOX 5026 TAMPA FL 33675 |
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| 2. Principal Place of Business 21 P.O. BOX 273886 Suite, Apt. #, etc. 22 City & State 23 TAMPA FL Zip 24 33688-3886 | 2a. Mailing Address 26 P.O. BOX 273886 Suite, Apt. #, etc. 27 City & State 28 TAMPA FL Zip 29 33688-3886 |
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| 3. Date Incorporated or Qualified 06/23/1982 |
| 4. FEI Number 59-3464426 |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 9. Name and Address of Current Registered Agent ALHOMSI, TONY 14118 VILLAGE TERR DR TAMPA FL 33624 | 10. Name and Address of New Registered Agent 81 Name BANCROFT M-A 82 Street Address (P.O. Box Number is Not Acceptable) 4218 GOLF CLUB LANE 83 84 City TAMPA FL 85 Zip Code 33624 |
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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 _____ **DATE** _____
 Signature, type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE PD NAME ALHOMSI, TONY STREET ADDRESS 14118 VILLAGE TERRACE DR CITY-ST-ZIP TAMPA FL 33624 <input checked="" type="checkbox"/> DELETE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 1.1 TITLE PD 1.2 NAME M A. BANCROFT 1.3 STREET ADDRESS 4218 GOLF CLUB LANE 1.4 CITY-ST-ZIP TAMPA, FL 33624 <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD NAME JACOBS, JERALD STREET ADDRESS 7716 BRENTTONWOOD DR CITY-ST-ZIP TAMPA FL 33615 <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2.1 TITLE TD 2.2 NAME BATCHELOR, WOODROW 2.3 STREET ADDRESS 16211 PINEROCK DRIVE 2.4 CITY-ST-ZIP TAMPA FL 33624-1139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE S NAME SCHILLE, TIM Hudson STREET ADDRESS 14021 VILLAGE TERR. DR CITY-ST-ZIP TAMPA FL 33624 <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.1 TITLE S 3.2 NAME HUDSON, TIM 3.3 STREET ADDRESS 14021 VILLAGE TERRACE DRIVE 3.4 CITY-ST-ZIP TAMPA FL 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE S NAME SCHILLE, AMANDA STREET ADDRESS 14021 VILLAGE TERR. DR CITY-ST-ZIP TAMPA FL 33624 <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.1 TITLE S 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: _____ **4/20/98**

CR2E037 (10/97)