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PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90166 019 ***150.00

DOCUMENT # L13398 1. Corporat on Name

WELLINGTON SITTERS CLUB, INC.

21 26 65-0145147 Not	Appl ed For Not Applicable								
P.O. BOX 816 LOXAHATCHEE FL 33470 P.O. BOX 816 LOXAHATCHEE FL 33470 2. Principal Place of Business 2a. Mailing Address 25 26 27 28 27 28 28 28 29 20 20 20 21 20 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20	Appl ed For Not Applicable	Principal Place of Business		Mailing Address				131) 01011 1001	
LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470 3. Date In:corporated or Qualifed 08/31/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0145147 Not	Appl ed For Not Applicable	% LILLIANE M	. AGEE						
3. Date In:orporated or Qualifed 08/31/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0145147 Not Suite Act # etc.	Appl ed For Not Applicable \$8.75 Additional						DO NOT WRITE IN THIS SPACE		
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Suite Art # etc Suite Apt # etc \$8.75 Ac	\$8.75 Additional	21		26			65-0145147	 	
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22 27 Fee Red	Fee Required								.
	ncing \$5.00 May Be Added to Fees		ite					•	•
23 Trust Fund Contribution Added to Zip Country Zip Country 8. This co-poration owes the current year Intangible	Added to Fees		Country		Country		- 		J 603
	e current year lutangible	⊢ − '			<u> </u>	•	1 - '		[]No
24 25 29 30 Person: Il Property Tax. La Yes La 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	·	-			301			ered Agent	
81 Name	Yes []No				81	Name			
AGEE, LILIANE M. 82 Street Address (P.O. Box Number is Not Acceptable)	Yes []No	AGI	ee, liliane m.		92	Street Ac	Hrose (B.O. Box Number is Not Accentable)		
334 WOOD DALE DRIVE	☐ Yes []No New Registered Agent	334	WOOD DALE DRIVE		32	SueerAu	Griess (F.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33414	☐ Yes []No New Registered Agent	WE	ST PALM BEACH FL 33414		83				
84 City, 85 Zip Ci	☐ Yes []No New Registered Agent				84	City		85 Zip C	c de
[New Registered Agent cceptable)					1		FI_	
	New Registered Agent cceptable) FI_ 85 Zip Cc de	11. Pursuant	t to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the abov	e-named co	propration submits this statement for the purporation's board of directors. I hereby accept the	ise of changing its i appointment as req	r∈gistered ji::tered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reference or posts in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as regi	New Registered Agent cceptable) FI_ 85 Zip Cc de or the ouroose of changing its re distered		registered agent, or bot i, in the otal	e of Florida. Oddir change was ca	itionized by			,,	,
11. Pursualit to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its right 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 607.0505, Florida Statutes.	New Registered Agent cceptable) FI_ 85 Zip Cc de or the ouroose of changing its re distered	agent. I a	am tamiliar with, and accept the oblig	gations of, Section 607.0505, Flori	ida Statutes	3.			
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14. Thereby 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attach nept with an address, with all other like empowered.

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SIGNATURE:

CITY-ST-ZIP