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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14257** **(2)**

1. Corporation Name

WELLINGTON PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13457 FOUNTAIN VIEW BLVD. WELLINGTON FL 33414 US	13960 WELLINGTON TERR. 260-BAY 12 WELLINGTON FL 33414 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1986
3a. Date of Last Report: 03/30/1994
4. FEI Number: 65-0048133 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 13960 WELLINGTON TRACE	26 13457 FOUNTAIN VIEW BLVD
Suite, Apt. #, etc. 22 SUITE 260 BAY 12	Suite, Apt. #, etc. 27
City & State 23 WELLINGTON, FL	City & State 28 WELLINGTON, FL.
Zip 24 33414 Country 25 U.S.A.	Zip 29 33414 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

UCCELLO, EMANUEL P.
13457 FOUNTAIN VIEW BLVD.
WELLINGTON FL 33414

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Emanuel P Uccello 4/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	UCCELLO, EMANUEL P.	12 NAME	
STREET ADDRESS	13457 FOUNTAIN VIEW BLVD.	13 STREET ADDRESS	SAME
CITY-ST-ZIP	WELLINGTON FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BELVISO, VINCENT	22 NAME	
STREET ADDRESS	13415 FOUNTAIN V IEW BLVD.	23 STREET ADDRESS	SAME
CITY-ST-ZIP	WELLINGTON FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	SD ☐ Change ☐ Addition
NAME	GRASSETTE, JOANN	32 NAME	GEORGIA JACOVIELLO
STREET ADDRESS	13492 FOUNTAIN VIEW BLVD.	33 STREET ADDRESS	13500 FOUNTAIN VIEW BLVD
CITY-ST-ZIP	WELLINGTON FL	34 CITY-ST-ZIP	WELLINGTON, FL. 33414
TITLE	TDD	41 TITLE	☐ Change ☐ Addition
NAME	VIEIRA, MARIA	42 NAME	SAME
STREET ADDRESS	13545 FOUNTAIN VIEW BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SHAW, PHILIP	52 NAME	SAME
STREET ADDRESS	13488 FOUNTAIN VIEW BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Emanuel P Uccello 4/3/95 407-790-5563
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
Emanuel P. Uccello

0011403