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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
13860 WELLINGTON TRACE STE 260 BAY 12 WELLINGTON FL 33414 US	13457 FOUNTAINVIEW BLVD 260-BAY 12 WELLINGTON FL 33414-7745 US

3. Date Incorporated or Qualified: 04/08/1986
3a. Date of Last Report: 04/05/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

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

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 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 Emanuel P Uccello PTD 2/15/97
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	UCCELLO, EMANUEL P.		1.2 NAME		
STREET ADDRESS	13457 FOUNTAIN VIEW BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BELVISO, VINCENT		2.2 NAME		
STREET ADDRESS	13415 FOUNTAIN V IEW BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JACOVIELLO, GEORGIA		3.2 NAME		
STREET ADDRESS	13500 FOUNTAINVIEW BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		3.4 CITY-ST-ZIP		
TITLE	TDD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VIEIRA, MARIA		4.2 NAME		
STREET ADDRESS	13545 FOUNTAIN VIEW BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	TDD	☒ Change ☐ Addition
NAME	SHAW, PHILIP		5.2 NAME	PHILIP SHAW	
STREET ADDRESS	13488 FOUNTAIN VIEW BLVD.		5.3 STREET ADDRESS	13488 FOUNTAIN VIEW BLVD	
CITY-ST-ZIP	WELLINGTON FL		5.4 CITY-ST-ZIP	WELLINGTON, FL. 33414	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ORPHANAS, TED		6.2 NAME		
STREET ADDRESS	13494 FOUNTAINVIEW BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Emanuel P Uccello SIGNATURE REQUIRED 2/15/97 561-790-5543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0041243