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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14257** (2)

1. Corporation Name

WELLINGTON PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**13880 WELLINGTON TRACE
STE 280 BAY 12
WELLINGTON FL 33414
US**

**13457 FOUNTAINVIEW BLVD
280-BAY 12
WELLINGTON FL 33414
US**

2. Principal Place of Business

2a. Mailing Address

21 **SAME**

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/08/1986

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. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

SAME

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 Pres.

4/25/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **UCCELLO, EMANUEL P.**
STREET ADDRESS **13457 FOUNTAIN VIEW BLVD.**
CITY-ST-ZIP **WELLINGTON FL**

TITLE **VD** ☐ DELETE

NAME **BELVISO, VINCENT**
STREET ADDRESS **13415 FOUNTAIN V IEW BLVD.**
CITY-ST-ZIP **WELLINGTON FL**

TITLE **SD** ☐ DELETE

NAME **JACOVIELLO, GEORGIA**
STREET ADDRESS **13500 FOUNTAINVIEW BLVD**
CITY-ST-ZIP **WELLINGTON FL**

TITLE **TDD** ☐ DELETE

NAME **SHAW, PHILIP**
STREET ADDRESS **13488 FOUNTAIN VIEW BLVD.**
CITY-ST-ZIP **WELLINGTON FL**

TITLE **D** ☐ DELETE

NAME **ORPHANAS, TED**
STREET ADDRESS **13484 FOUNTAINVIEW BLVD**
CITY-ST-ZIP **WELLINGTON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
ANGELO TERRIZZI
13503 FOUNTAINVIEW BLVD
WELLINGTON, FL. 33414

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:

Emanuel P. Uccello

4/24/98

CP2E037 (10/97)