FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State
04-21-1999 90111 038 ****70.00

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DOCUMENT # N14257

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 US

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 04/08/1986

4. FEI Number: 65-0048133 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: 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. — DATE: 4/19/99
Signature, typed 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD UCCELLO, EMANUEL P. 13457 FOUNTAIN VIEW BLVD. WELLINGTON FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BELVISO, VINCENT 13415 FOUNTAIN VIEW BLVD. WELLINGTON FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JACOVIELLO, GEORGIA 13500 FOUNTAINVIEW BLVD WELLINGTON FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDD SHAW, PHILIP 13488 FOUNTAIN VIEW BLVD. WELLINGTON FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORPHANAS, TED 13494 FOUNTAINVIEW BLVD WELLINGTON FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERRIZZI, ANGELO 13503 FOUNTAINBLEAU BLVD WWELLINGTON FL 33414	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition SAME

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Emanuel P. Uccello RECEIVED Emanuel P. Uccello 4/19/99 561-790-5543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #