2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State
05-22-2000 90037 048 ****70.00

DOCUMENT # N14257

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UCCELLO, EMANUEL P. 13457 FOUNTAIN VIEW BLVD. WELLINGTON FL 33414	Name: SAME Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Emanuel P Uccello Pres. 5/6/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD UCCELLO, EMANUEL P. 13457 FOUNTAIN VIEW BLVD. WELLINGTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BELVISO, VINCENT 13415 FOUNTAIN V IEW BLVD. WELLINGTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JACOVIELLO, GEORGIA 13500 FOUNTAINVIEW BLVD WELLINGTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDD SHAW, PHILIP 13488 FOUNTAIN VIEW BLVD. WELLINGTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORPHANAS, TED 13494 FOUNTAINVIEW BLVD WELLINGTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERRIZZI, ANGELO 13503 FOUNTAINBLEAU BLVD WWELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Emanuel P Uccello [illegible] 4/24/2000 561-790-5543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #