

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90168 032 ****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
 US

2. Principal Place of Business

13457 Fountainview

3. Mailing Address

MAIL BOX 146

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON, FL.

City & State

WELLINGTON, FL.

4. FEI Number

65-0048133

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ORPHANAS, TED**
 STREET ADDRESS **13494 FOUNTAINVIEW BLVD**
 CITY-ST-ZIP **WELLINGTON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TERRIZZI, ANGELO**
 STREET ADDRESS **13503 FOUNTAINBLEAU BLVD**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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*

July 20, 2002

CR2E037 (4/02)