

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19075 (3)

1. Corporation Name

WELLINGTON "K" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

290 WELLINGTON K
W. PALM BEACH FL 38417-513
US

290 WELLINGTON K
W. PALM BEACH FL 38417-513
US

3. Date Incorporated or Qualified

02/03/1987

3a. Date of Last Report

11/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1610335

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DURBIN, SAMUEL
WELLINGTON K 290
WEST PALM BEACH FL 33417

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

200001747422

83

-03/18/96--01085--009

84 City

***61.25

FL

85 Zip Code

I, 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

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 PD
NAME WISCHE, HERMAN
STREET ADDRESS 388 WELLINGTON K
CITY-ST-ZIP W. PALM BEACH FL

1.1 TITLE PRESIDENT
1.2 NAME GEORGE DUPLY
1.3 STREET ADDRESS 480 WELLINGTON K
1.4 CITY-ST-ZIP W. P. BEACH FL 33417

TITLE TD
NAME DURBIN, SAMUEL B.
STREET ADDRESS 290 WELLINGTON K CEN VII
CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE TREAS
2.2 NAME ALEX KOLIKOW
2.3 STREET ADDRESS 484 WELLINGTON K
2.4 CITY-ST-ZIP W P BEACH FL 33417

TITLE SD
NAME LINETT, GERTRUDE
STREET ADDRESS 385 WELLINGTON K
CITY-ST-ZIP W PALM BCH FL

3.1 TITLE SEC
3.2 NAME COHN SARAH
3.3 STREET ADDRESS 493 Wellington K
3.4 CITY-ST-ZIP W P Beach FL 33417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE DIRECTOR
4.2 NAME ALEX PAWLAK
4.3 STREET ADDRESS 382 WELLINGTON K
4.4 CITY-ST-ZIP W PALM BEACH FL 33417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE DIRECTOR
5.2 NAME ANNE SIMKIN
5.3 STREET ADDRESS 287 WELLINGTON K
5.4 CITY-ST-ZIP W PALM BEACH FL 33417

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE DIRECTOR
6.2 NAME HAROLD TENZER
6.3 STREET ADDRESS 180 WELLINGTON K
6.4 CITY-ST-ZIP W. PALM BEACH, FL 33417

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Alex Kolikow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/96

Daytime Phone #

407-684-2501

CR2E037 (12/95)