SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1987
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business
21: ~~Same~~ 484 Wellington K
Suite, Apt. #, etc. 22:
City & State 23: W. P. Beach Fl
Zip 24: 33417 Country 25: USA

2a. Mailing Address
26: 484 Wellington K
Suite, Apt. #, etc. 27: 484
City & State 28: W. P. Beach Fl
Zip 29: 33417 Country 30: USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

Name and Address of Current Re ent

URBIN, SAMUEI
WELLING'ON K
WEST PA M F CH

10. Name and Address of New Registered Agent

81 Name: ALEX Kolikow
82 Street Address (P.O. Box Number is Not Acceptable): 484 Wellington K
83:
84 City: West Palm Beach FL 85 Zip Code: 33417

11. Pursuant to the provisions of Secti 02 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 t ate 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] DATE
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	P	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	DUPLEY, GEORGE		1.2 NAME	PEARL OSTERWEIL	
STREET ADDRESS	480 WELLINGTON K		1.3 STREET ADDRESS	487 WELLINGTON K	
CITY-ST-ZIP	W. PALM BEACH FL 33417		1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	T	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	KOLIKOW, ALEX		2.2 NAME	ROSE TYGEL	
STREET ADDRESS	484 WELLINGTON K		2.3 STREET ADDRESS	188 WELLINGTON K	
CITY-ST-ZIP	WEST PALM BEACH FL 33417		2.4 CITY-ST-ZIP	WEST PALM BEACH FL. 33417	
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COHM, SARAH		3.2 NAME		
STREET ADDRESS	493 WELLINGTON K		3.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL 33417		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PAWLIK, ALEX		4.2 NAME		
STREET ADDRESS	382 WELLINGTON K		4.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL 33417		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SIMKIN, ANNE		5.2 NAME		
STREET ADDRESS	287 WELLINGTON K		5.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL 33417		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TENZER, HAROLD		6.2 NAME		
STREET ADDRESS	180 WELLINGTON K		6.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL 33417		6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do 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 REQUIRED [signature] [signature]