## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) Jan 19, 2000 8:00 am Secretary of State OCUMENT #: N19075 01-19-2000 90115 006 \*\*\*\*61.25 WELLINGTON "K" CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 484 WELLINTON K : WELLINGTON K W. PALM BEACH FL 33417 PALM BEACH FL 33417 801795 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1610335 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agenta Name Street Address (P.O. Box Number is Not Acceptable) KOLIKOW, ALEX 484 WELLINTON K WEST PALM BEACH FL 33417 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. What ASSESSED AND SEASOFFICERS AND DIRECTORS PRES FRUMKIN VICE (66/6) ☐ Change TITLE TITLE ☐ Delete GEORGE DUPLEY, GEORGE CONTROL NAME NAME 383 WEILINGTON K STREET ADDRESS STREET ADDRESS 480 WELLINGTON K W PAlm Beach F/ 33417 CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL 33417 🗶 Addition VKE PRES Change ☐ Delete TITLE TITLE VICTOR KANE NAME KOLIKOW, ALEX NAME 486 Wellington & STREET ADDRESS STREET ADDRESS 484 WELLINGTON K F1. 3.3.4.17 CITY-ST-ZIP CITY-ST-ZIP WEST-PALM-BEACH-FL=33417-☐ Change ☐ Addition TITLE TITLE Delete NAME OSTERWEIL, PEARL NAME STREET ADDRESS STREET ADDRESS 487 WELLINGTON K CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL ☐ Change ☐ Addition □ Delete TITLE NAME ROSENHOCH, WILLIAM NAME STREET ADDRESS STREET ADDRESS 490 WELLINGTON K CITY-ST-7IP CITY-ST-ZIP W PALM BCH FL 33417 ☐ Change ☐ Addition Delete TITLE TITLE NAME SIMKIN, ANNE NAME STREET ADDRESS STREET ADDRESS 287 WELLINGTON K CITY-ST-7IP CITY-ST-ZIP W PALM BCH FL 33417 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME WEINBERGER, LEONARD NAME STREET ADDRESS STREET ADDRESS 191 WELLINGTON K

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.

CITY-ST-ZIP

SIGNATURE:

W PALM BCH FL 33417

CITY-ST-ZIP

SIGNATURE

561-684-2501