2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 26, 2001 8:00 am **DOCUMENT # N19075 Secretary of State** 01-31-2001 90286 036 ****61.25 WELLINGTON "K" CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 484 WELLINGTON K 484 WELLINTON K W. PALM BEACH FL 33417 W. PALM BEACH FL 33417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1610335 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KOLIKOW, ALEX **484 WELLINTON K** WEST PALM BEACH FL 33417 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete Change ☐ Addition TITLE TITLE DUPLEY, GEORGE NAME STREET ADDRESS 480 WELLINGTON K STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL 33417 TITLE ☐ Delete TITLE Change ☐ Addition oraer NAME KOLIKOW, ALEX NAME TONK STREET ADDRESS 484 WELLINGTON K STREET ADDRESS 33417 CITY-ST-71P CITY-ST-71P WEST PALM BEACH FL 33417 - 🔀 Delets TITLE -- . F7: Change-☐ Addition TITLE ROSENHOCH WILLIAM NAME: well ngton STREET ADDRESS 490 WELLINGTON K STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP W PALM BCH FL 33417 **D**Ocieta TITLE TITLE Change ☐ Addition WEINBERGER, LEONARD NAME NAME STREET ADDRESS 191 WELLINGTON K STREET ADDRESS W PALM BCH FL 33417 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition KAHE NAME NAME Victor STREET ADDRESS 486 WEILINGTON STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 7 2341 PAIN BEACH TITLE ☐ Delete TITLE ☐ Change ☐ Addition GEORGE FROMKIN NAME NAME 383 WELLIASTON K STREET ADDRESS F1. 33417 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

Deytime Phone #

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