2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90193 044 ****61.25

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DOCUMENT # N19075

1. Entity Name
WELLINGTON "K" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
484 WELLINGTON K W. PALM BEACH, FL 33417 US	484 WELLINTON K W. PALM BEACH, FL 33417 US

04192004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 190 WELLINGTON K	Suite, Apt. #, etc. 190 WELLINGTON K
City & State WEST PALM BCH FL	City & State WEST PALM BCH, FL
Zip / Country 33417 / PALM BCH	Zip / Country 33417 / PALM BCH

4. FEI Number
59-1610335
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOLIKOW, ALEX 484 WELLINTON K WEST PALM BEACH, FL 33417	Name: CAROLYN F. COHN Street Address (P.O. Box Number is Not Acceptable): 190 WELLINGTON K City: WEST PALM BCH FL Zip Code: 33417

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: Carolyn F. Cohn, President April 22, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DUPLEY, GEORGE 480 WELLINGTON K W. PALM BEACH, FL 33417	☒ Delete	T LORRAINE SHEPARD 392 WELLINGTON K WPB, FL. 33417	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOLIKOW, ALEX 484 WELLINGTON K WEST PALM BEACH, FL 33417	☒ Delete	D LENORD KASHER 287 WELLINGTON K WPB, FL 33417	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KANE, VICTOR 456 WELLINGTON K WEST PALM BEACH, FL 33417	☐ Delete	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANKLIN, GEORGE 389 WELLINGTON K WEST PALM BEACH, FL 33417	☒ Delete	D JOSEPH FROMKIN 383 WELLINGTON K WEST PALM BCH, FL 33417	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE, FRANKLIN 373 WELLINGTON K WEST PALM BEACH, FL 33417	☐ Delete	~~VPD~~ VPD GEORE FRANKLIN 389 WELLINGTON K WEST PALM BCH, FL 33417	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHN, CAROLYN 190 WELLINGTON K WEST PALM BEACH, FL 33417	☐ Delete	P	☒ Change ☐ Addition

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: Carolyn F. Cohn Pres. April 22, 2004 561-689-4928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #