


FILED

Jul 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N22461 (0)
1. Corporation Name
WELLINGTON HOMES AT LAKEMONT HILLS HOMEOWNERS AS
SOCIATION, INC.

Principal Place of Business	Mailing Address
2700 N MACDILL AVE #115 P O BOX 4118 TAMPA FL 33607	2700 N MACDILL AVE #115 P O BOX 4118 TAMPA FL 33607-2279

2. Principal Place of Business		2a. Mailing Address	
21	P.O. Box 1073	26	P.O. Box 1073
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Seffner FL	28	Seffner FL
Zip	Country	Zip	Country
24	33583	29	33583
25		30	

9. Name and Address of Current Registered Agent	
FERNANDEZ, JOHN 2700 N MACDILL AVE, STE 115 TAMPA FL 33607	81 Name <u>John Fernandez</u>
	82 Street Address <u>2700 N Macdill Ave</u>
	83 <u>82</u>
	84 City <u>Bra</u>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation has changed its principal office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate board of directors or the sole member. 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)

12. OFFICERS AND DIRECTORS		13.	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Tr
NAME	FERNANDEZ, JOHN	1.2 NAME	Tr
STREET ADDRESS	2700 N MACDILL AVE #115	1.3 STREET ADDRESS	820
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	B
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Sto
NAME	FERNANDEZ, MAYNARD	2.2 NAME	Man
STREET ADDRESS	2700 N MACDILL AVE #115	2.3 STREET ADDRESS	820
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Br
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vic
NAME	LLANES, LIONEL	3.2 NAME	64
STREET ADDRESS	2700 N MACDILL AVE #115	3.3 STREET ADDRESS	92
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Br
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

3. Date Incorporated or Qualified 09/14/1987		3a. Date of Last Report 05/01/1996	
4. FEI Number 76-0198069		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Name and Address of New Registered Agent			
<i>Vacay Pritchard</i> (P.O. Box Number is Not Acceptable) <i>25 Greenbelt Circle</i>			
<i>anacbn</i> FL		85	Zip Code <i>33510</i>
Corporation submits this statement for the purpose of changing its registered agent's board of directors. I hereby accept the appointment as registered agent.			
<i>6/8/96</i> DATE			
(When reinstating)			

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.

CR2E037 (9/96)