

FILE NOW: FILING FEE IS \$61.25

FILED  
May 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22461** (0)

1. Corporation Name

**WELLINGTON HOMES AT LAKEMONT HILLS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address

PO BOX 1073  
P O BOX 4118  
SEFFNER FL 33583  
US

PO BOX 1073  
P O BOX 4118  
SEFFNER FL 33583  
US

3. Date Incorporated or Qualified

**09/14/1987**

4. FEI Number

**76-0198069**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRITCHARD, TRACY  
825 GREENBELT CIRCLE  
BRANDON FL 33510**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 the State 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☐ DELETE  
NAME **PRITCHARD, TRACY**  
STREET ADDRESS **825 GREENBELT CR**  
CITY-ST-ZIP **BRANDON FL**

1.1 TITLE **Vice President VPD** ☐ Change ☒ Addition  
1.2 NAME **Kumar Prasad**  
1.3 STREET ADDRESS **835 Greenbelt Cr.**  
1.4 CITY-ST-ZIP **Brandon, FL 33510**

TITLE **SP** ☒ DELETE  
NAME **LAFORDE, MARGARET**  
STREET ADDRESS **825 GREENBELT CR**  
CITY-ST-ZIP **BRANDON FL**

2.1 TITLE **PD** ☐ Change ☒ Addition  
2.2 NAME **Victor Addison**  
2.3 STREET ADDRESS **920 Greenbelt Cr**  
2.4 CITY-ST-ZIP **Brandon, FL 33510**

TITLE **VPD** ☒ DELETE  
NAME **MARLEY, GREG**  
STREET ADDRESS **923 GREENBELT CR**  
CITY-ST-ZIP **BRANDON FL**

3.1 TITLE **SD** ☒ Change ☐ Addition  
3.2 NAME **Margaret Laforde**  
3.3 STREET ADDRESS **825 Greenbelt Cr.**  
3.4 CITY-ST-ZIP **Brandon, FL 33510**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

**TRACY PRITCHARD**

5/14/98

613-41-4182

CR2E037 (10/97)