


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90016 014 ****61.25

0043052

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N22461					
1. Corporation Name WELLINGTON HOMES AT LAKEMONT HILLS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 1073 P.O. BOX 4118 SEFFNER FL 33583 US			Mailing Address PO BOX 1073 P.O. BOX 4118 SEFFNER FL 33583 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/14/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		76-0198069	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

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 JANA COLLA 82 Street Address (P.O. Box Number is Not Acceptable) 818 GREENBELT CIRCLE 83 84 City BRANDON FL 85 Zip Code 33510			

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 *Jana Colla* *Jana Colla* *secretary/treasurer/director* *1-11-99*
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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PRITCHARD, TRACY		1.2 NAME	Colla, Jana			
STREET ADDRESS	825 GREENBELT CR		1.3 STREET ADDRESS	818 Greenbelt Cirde			
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-ZIP	Brandon, FL 33510			
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PRASAD, KUMAR		2.2 NAME				
STREET ADDRESS	835 GREENBELT CR		2.3 STREET ADDRESS				
CITY-ST-ZIP	BRANDON FL 33510		2.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ADDISON, VICTOR		3.2 NAME				
STREET ADDRESS	920 GREENBELT CR		3.3 STREET ADDRESS				
CITY-ST-ZIP	BRANDON FL 33510		3.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LALANDE, MARGARET		4.2 NAME	Colla, Jana			
STREET ADDRESS	825 GREENBELT CR		4.3 STREET ADDRESS	818 Greenbelt + Cirde			
CITY-ST-ZIP	BRANDON FL 33510		4.4 CITY-ST-ZIP	Brandon, FL 33510			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: *Jana Colla* *TANA RECORDED* *1-11-99* *813-689-9379*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)