## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

ئۇنىنىتۇرى<sub>د</sub>ىدىيۇ<mark>ت</mark>

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # N38367** 

WELLINGTON GREEN PROPERTY OWNERS' ASSOCIATION, I

Principal Place of Business

1371 WYNGATE DRIVE LAKELAND FL 33808

2. Principal Place of Business

1 1430 W 4 1000

Sulte, Apt. #, etc.

Mailing Address

1977 WYNGATE DRIVE LAKELAND FL 33809

## FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90051 001 \*\*\*\*61.25

Applied For

\* 2 7 4239 - 90071 - 12 9 \*



3. Date incorporated or Qualifed

05/29/1990 4. FE! Number

_ Suite, Apt.	#, etc.	,	Suite, Apr. #, atc.			50.044000		<b>}-</b>	- 1200		}
2			27			59-311202	4			Applicable	Ì
31 LOK	eland	FL	28 City State	nd	FL.	5. Certificate of S	Status Desired		.75 Ac	dditional uired	
Zip		Country	ーサークへつ	Count	3~~~·	6 Election Cem	paign Financing —	·\$!	5.00 A	Aay Ba	-424
1.338	$\mathcal{O}$	USH		30	SH	Trust Fund Co	วดชาชิบชีดๆ	<u> </u>	dded to	Fees	l
	9. Name and	Address of Current	Registered Agent			10. Name and A	ddress of New Re	gistered Agent			1
	,		1		Name	elluleu	Nis_				}
FLOSS, MIKE					82 Street Address (P.O. Rok Nurphop is Not Acceptable)						
1377 WYNGATE DRIVE					1791 VVI CM C-17-						
LAKELAND FL 33809					[63]						
				1	4 City	acelar	70	FL B5	33	5809	1
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											1
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.) am femilier with, and accept the fibligations of, Section 617.0503, Florida Statutes.											
SIGNATURE		ted number of registered byens to	TO STORY ( STORY STORY )	TF: Registered &	mel signatura cague	ed when remaining)		DATE .			<u>ج</u>
12.	agrace, special pri	OFFICERS AND		13.			ANGES TO OFFI	CERS AND DIR	FCTOR	(S IN 12	Ž
TITLE	PD		DELETE	1.17771	p	<b>9</b> D		52€	hange	Addition	(11/98)
NAME	ELIAS, STEVE			1.2 NAM	E Ĵ	itia Ne	$\mathcal{W}_{-1}$	1 10			
	1440 WYNGAT	TE LANE		13.57R	ET ADDRESS	4301.MV	nocite	11.000			CR2E037
CITY-ST-ZIP	LAKELAND FL		,	1,4 C(TY	-ST-ZIP	akelat	MFL	<u> 33801</u>			5
TITLE	VD		DELETE	2.1 Titl	7	AD.			ange	Addition	ပ
NAME	STANFIELD, W	ALLACE		22 NAM	E	MK MALE	enhaci	ner			•
STREET ADDRESS				23 STR	ET ADORESS	ITA WIVIN	cafeli	)			ł
CITY-ST-ZIP	LAKELAND FL	33809		2.4 CITY	-ST-20P	78170	a.ELS	13807			ľ
TITLE	STD		DOELETE	3.1 TITLE		TED	• i - m	_ □0	anga	Addition	ļ .
NAME	FLOSS, MIKE			3.2 NAW		cotiti Lel	<i>u</i> s ,	_		•	1
STREET ADDRESS	1377 WYNGAT	TE DRIVE		3.3 STRE	ETADORESS	DELLA IVA	aate_L	1:~	<b>)</b> _	'	}
CITY-S1-ZIP	LAKELAND FL		<u> </u>	3.4. CITY	-51-ZIP	akejono	LE LE	3380	<u>L.                                    </u>		
TITLE			☐ DETELE	4.1 TITLE	: )'		•	□a	nange	Addition	ŀ
NAME	1			4.2 NAM	E			•		1	1
STREET ADDRESS	:			4.3 STRE	ET ADORESS					!	
CITY-S1-ZIP	L			4.4 CITY	-ST-ZIP					<del></del>	
TTILE			☐ DELETE	5.1 TITLE		·			ange	Addition	
NAME	{			. 5.2 NAM	<b>.</b>					,	
STREET ADDRESS	i.				ET ADDRESS						
CITY-ST-ZIP_				5.4 CITY							
TITLE	1		☐ DELETE	6.1 1711.6	1			Πα	ange	Addition	
NAME	1			6.2 NAM	€ }					1	
STREET ADDRESS	:			6.3 STRE	ET ADDRESS	•				]	
CTTY-ST-ZIP	<u> </u>			84 CITY			<del></del>			لــــــــــــــــــــــــــــــــــــــ	l
14. Lineraby	certify that the info	ormation supplied with	this filing does not qualify	for the exemp	ption stated in net my signatur	Section 119.07(3)(i), fire shell have the same	Florida Statutes. I fi Florida Statutes. I fi	urther certify tha nade under oath	i the infi ; that I c	omation am an	

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 cath; that I am an officiar 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:

KULUPKULELADUIRED

1-30-99 941-858-8020