2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am **DOCUMENT # N38367 Secretary of State** 1. Entity Name 02-01-2001 90013 030 ****61.25 WELLINGTON GREEN PROPERTY OWNERS' ASSOCIATION, I Principal Place of Business Mailing Address 1430 WYNGATE LANE 1441 WYNGATE LANE 910321 LAKELAND FL 33809 LAKELAND FL 33809 2. Principal Place of Business 3. Mailing Address 1371 Wyngate Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3112024 akıland Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mason Street Address (P.O. Box Number is Not Acceptable) LEWIS, KELLY 1441 WYNGATE LANE 131 Wyngate Drive LAKELAND FL 33809 City 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 01/06 SIGNATURE Signature, typed or printed name of res (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME NERO, DOUG STREET ADDRESS STREET ADDRESS 1430 WYNGATE LANE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 TITLE Change ☐ Addition TITI F ☐ Delete V D NAME WOLD, RICK NAME Charles Iswin STREET ADDRESS STREET ADDRESS 1433 Wyngate land Lakeland Fr 3380 1449 WYNGATE LANE CITY - ST- ZIP CITY-ST-Z#P LAKELAND FL 33809 FL 33809 TY Change TITLE Delete TITLE ☐ Addition Holly Mason NAME LEWIS, KELLY Wyngate Drive STREET ADDRESS STREET ADDRESS 1441 WYNGATE LANE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CiTY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME

12. I nereby 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 path; 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.

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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