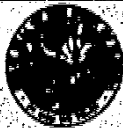


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 11:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N42075 (4)

1. Corporation Name

RESIDENTS OF WELLINGTON, INC.

Principal Place of Business

**11880 SUELLEN CIR
WEST PALM BEACH FL 33414
US**

Mailing Address

**11880 SUELLEN CIR
WEST PALM BEACH FL 33414
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1991

3a. Date of Last Report

04/21/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDONOUGH, MICHAEL
11400 TORCHWOOD CT
WEST PALM BCH FL 33414**

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 607.0502 and 607.1508, 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 607.0505, 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 **D**
NAME **JAFFE, FRANCES**
STREET ADDRESS **1432 NORTHAMPTON TERRACE**
CITY-ST-ZIP **WELLINGTON FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D**
NAME **MCDONOUGH, MICHAEL**
STREET ADDRESS **1140 TORCHWOOD CT.**
CITY-ST-ZIP **WELLINGTON FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D**
NAME **MORTON, KESSEL**
STREET ADDRESS **1522 THE 12TH FAIRWAY**
CITY-ST-ZIP **WELLINGTON FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **DEARTH, SANDRA**
3.3 STREET ADDRESS **15425 Takeoff Place**
3.4 CITY-ST-ZIP **Wellington, FL 33414**

TITLE **D**
NAME **DUNBACH, CARL**
STREET ADDRESS **1004 CHERRY LN**
CITY-ST-ZIP **WELLINGTON FL**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **MESSINA, LOUIS**
4.3 STREET ADDRESS **15285 Ocean Breeze Lane**
4.4 CITY-ST-ZIP **Wellington, FL 33414**

TITLE **D**
NAME **SCHWARTZ, SALLY**
STREET ADDRESS **2731 NEATON CT**
CITY-ST-ZIP **WELLINGTON FL**

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

TITLE **D**
NAME **WEISS, NORMAN**
STREET ADDRESS **13408 BEDFORD MEWS CT.**
CITY-ST-ZIP **WELLINGTON FL**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **MARES, MARIA**
6.3 STREET ADDRESS **11880 Suellen Circle**
6.4 CITY-ST-ZIP **Wellington, FL 33414**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the safe harbor provisions in Section 19.07(3)(k), 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:

Maria Mares
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria MARES

4/21/95
Date

407-795-1432
Daytime Phone #