FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # **N42075** **(4)**

1. Corporation Name
RESIDENTS OF WELLINGTON, INC.

Principal Place of Business	Mailing Address
11880 SUELLEN CIR WEST PALM BEACH FL 33414 US	11880 SUELLEN CIR WEST PALM BEACH FL 33414 US

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

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (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. 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

9. Name and Address of Current Registered Agent

MCDONOUGH, MICHAEL
11400 TORCHWOOD CT
WEST PALM BCH FL 33414

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	JAFFE, FRANCES	1.2 NAME	
STREET ADDRESS	1432 NORTHAMPTON TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCDONOUGH, MICHAEL	2.2 NAME	
STREET ADDRESS	1140 TORCHWOOD CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	MORTON, KESSEL	3.2 NAME	D DEARTH, SANDRA
STREET ADDRESS	1522 THE 12TH FAIRWAY	3.3 STREET ADDRESS	15425 Takeoff Place
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	Wellington, Fl 33414
TITLE	D	4.1 TITLE	☑ Change ☐ Addition
NAME	DUNBACH, CARL	4.2 NAME	D MESSINA, LOUIS
STREET ADDRESS	1004 CHERRY LN	4.3 STREET ADDRESS	15285 Ocean Breeze Lane
CITY-ST-ZIP	WELLINGTON FL	4.4 CITY-ST-ZIP	Wellington, Fl 33414
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, SALLY	5.2 NAME	
STREET ADDRESS	2731 NEATON CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☑ Change ☐ Addition
NAME	WEISS, NORMAN	6.2 NAME	D MARES, MARIA
STREET ADDRESS	13408 BEDFORD MEWS CT.	6.3 STREET ADDRESS	11880 Suellen Circle
CITY-ST-ZIP	WELLINGTON FL	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 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: Maria Mares Maria Mares 4/21/95 407-795-1432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

60443N