## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



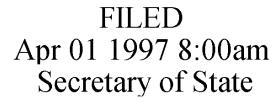
FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # N9500001765 (5)



	AMLET AT WELLING CIATION, INC.	ton's edg	e property o	WNERS	•						
Principal Plac	e of Business	М	ailing Address					( 100)	<b>TO</b> NIA DINA DI	){ <b>0</b> } { <b>00</b> } { <b>00</b> }	<b>                                  </b>
1905 WELLINGT WELLINGTON F	ron edge blvd El 33414		05 WELLINGTON EDGE ELLINGTON FL 33414-6				1	•			
								3. Date Incorporated or Qualified 04/13/1995	1	of Last R 07/25/19	eport 96
2. Principal P	lace of Business	2a 26	Mailing Address					4. FEI Number APPLIED FOR 65-	0564	24 Ap	oplied For ot Applicable
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	é		City & State					6. Election Campaign Financing	···	\$5.00	
23 Zip	Country	28	7in	Cou	into i			Trust Fund Contribution		Added	
Zip 24	25 Country	29	Zip	30	шиу			<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	intangible □ Yes     [		. 199.032,
24	9. Name and Address of		itered Agent	1301	T			10. Name and Address of New R			
					81	Name					
	ROBERT L LAGLER DR, 1800				82	Street A	Addres	s (P.O. Box Number is Not Accepta	ble)		
	BEACH FL 33401				83						
				!	64	City			FL	85 Zip (	Code
11. Pursuant office or ragent La	to the provisions of Sections registered agent, or both, in im familiar with, and accept	617.0502 and 6 the State of Flori the obligations o	17.1508, Florida Stat da. Such change was f, Section 617.0503, I	utes, the a authorize Florida Stat	bove d by tutes	e-named o the corp s.	corpor	ation submits this statement for the 's board of directors. I hereby acce	purpose o pt the app	i changing it ointment as	s registered registered
SIGNATURE	Signature, typed or printed name of re	oistand annu and the	A	NTC. Produter		and all and the second		when reinstaling)	DATE		
12.		DERS AND DIRE		13.	o Age	AIL SIGNALUIS I	requiec	ADDITIONS/CHANGES TO OFFI		DIRECTOR	3S IN 12
TITLE	DP		DELETE	1.1 TI	TLE					Change	Addition
NAME	LOESCH, PATRICIA			1.2 N	AME	- 1					
STREET ADDRESS	407 ABBEYVILLE ROA	<b>\D #</b> 4		1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	PITTSBURGH PA			1.4 0	ITY - S	it-ziP					
TITLE	DST		DELETE	2.1 TI	TLE					☐ Change	Addition
NAME	BOVE, TERRY F			22 N	AME	}					
STREET ADDRESS	3901 WASHINGTON I	-		2.3 5	TREET	ADDRESS					
CITY-ST-ZIP	MCMURRY PA 15317				_	ST-ZIP					
TITLE	DV		☐ DELETÉ	3.1 Ti	ĭt€					Change	Addition
NAME	MALONE, MICHAEL	FFT		3.2 N							
STREET ADDRESS	490 BARNICKLE STR	CC1				ADDRESS					
CITY - ST - ZIP	MEADOWLANDS PA	····	DELETE			ST-ZIP				Change	Addition
TITLE			FT] DETEIL	4.1 TI						□ Cuantic	- Addition
NAME CERTAL ASSOCIA				4. 2 N		ADDDESS					
STREET ADDRESS						ADDRESS					
CHTY-ST-ZIP TIBLE			DELETE	4.4 CI 5.1 TI		ST-ZIP				Change	Addition
NAME				5.2 N							
STREET ADDRESS						ADDRESS					
City-St-ZIP						T-ZIP					
TITLE			DELETE	6.1 TI		En			<del> </del>	☐ Change	Addition
NAME			<del>-</del>	6.2 N						-	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP						ST-ZIP					
	by cartify that the information	n cupplied with t	oin filing done not out				tated in	Section 119 07(3\f) Florida Statut	e I furtho	r coeffy that	tho

4. I do 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.

SIGNATURE

SAATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21/97 4/2 2.252179