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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001765 (5)**

1. Corporation Name

OAK HAMLET AT WELLINGTON'S EDGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1905 WELLINGTON EDGE BLVD
WELLINGTON FL 33414**

**1905 WELLINGTON EDGE BLVD
WELLINGTON FL 33414**

3. Date Incorporated or Qualified

04/13/1995

4. FEI Number

65-0564124

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 10851 Forest Hill Blvd

26 10851 Forest Hill Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Wellington FL

28 Wellington FL

Zip

Country

Zip

Country

24 33414

25 USA

29 33414

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRANE, ROBERT L
515 N FLAGLER DR, 1800
W PALM BEACH FL 33401**

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 617.0502 and 617.1508, 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 617.0503, 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 **DP** ☐ DELETE

NAME **LOESCH, PATRICIA**
STREET ADDRESS **407 ABBEYVILLE ROAD #4**
CITY-ST-ZIP **PITTSBURGH PA**

TITLE **DST** ☐ DELETE

NAME **BOVE, TERRY F**
STREET ADDRESS **3901 WASHINGTON RD, 301**
CITY-ST-ZIP **MCMURRY PA 15317**

TITLE **DV** ☐ DELETE

NAME **MALONE, MICHAEL**
STREET ADDRESS **490 BARNICKLE STREET**
CITY-ST-ZIP **MEADOWLANDS PA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

Michael Malone

2/15/98

724-225-2179

CR2E037 (10/97)