


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003501 (2)**

1. Corporation Name

WELLINGTON REALTORS FOUNDATION, INC.

Principal Place of Business

Mailing Address

**12788 FOREST HILL BOULEVARD
SUITE 2003
WEST PALM BEACH FL 33414**

**12788 FOREST HILL BOULEVARD
SUITE 2003
WEST PALM BEACH FL 33414-4703**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/21/1995	3a. Date of Last Report 06/04/1996
21	13857 Wellington Tr	26	13857 Wellington Tr.	4. FEI Number 65-0590680	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22	Suite D-3	27	Suite D-3	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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

**BOLZ, CHARLES S
12788 FOREST HILL BOULEVARD
SUITE 2003
WEST PALM BEACH FL 33414**

81 Name **Patricia E. Pramberger**
82 Street Address (P.O. Box Number is Not Acceptable)
13857 Wellington Trace, Ste D-3
83
84 City **Wellington** FL 85 Zip Code **33414**

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  DATE **4-21-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EPSTEIN, STANLEY	1.2 NAME	Hicks, Deanna
STREET ADDRESS	11924 FOREST HILL BOULEVARD, SUITE 4	1.3 STREET ADDRESS	13857 Wellington Trace, Ste D-3
CITY-ST-ZIP	WEST PALM BEACH FL 33414	1.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA EVANS	2.2 NAME	Marjorie Weber
STREET ADDRESS	19927 FOREST HILL BLVD., SUITE 18	2.3 STREET ADDRESS	11924 Forest Hill Blvd., Ste 4
CITY-ST-ZIP	WELLINGTON FL	2.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKS, DEANNA	3.2 NAME	Patricia E. Pramberger
STREET ADDRESS	13857 WELLINGTON TRACE, SUITE D-3	3.3 STREET ADDRESS	13857 Wellington Trace, Ste D-3
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINA ENGLISH	4.2 NAME	Robina English
STREET ADDRESS	13857 WELLINGTON TR, SUITE D-3	4.3 STREET ADDRESS	13857 Wellington Tr., Ste D-3
CITY-ST-ZIP	WELLINGTON FL	4.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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:  DATE **4-18-97** 561-793-3400
Daytime Phone # 0041168