

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004218 (2)

1. Corporation Name
WELLINGTON CHASE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**1819 MAIN ST., STE. 500
SARASOTA FL 34236**

Mailing Address
**1819 MAIN ST., STE. 500
SARASOTA FL 34236**

3. Date Incorporated or Qualified
09/05/1995

3a. Date of Last Report

4. FEI Number
Applied for

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**PITCHFORD, MALCOLM J
240 S. PINEAPPLE AVE., TENTH FLOOR
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name **Charles R. King**

82 Street Address (P.O. Box Number is Not Acceptable)
1111 10th Ave W.

83 **Palmetto FL**

84 City

85 Zip Code **34221**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE **4-16-96**

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD REKOW, DAVID H**

STREET ADDRESS **1819 MAIN ST., STE. 500**

CITY-ST-ZIP **SARASOTA FL 34236**

TITLE DELETE

NAME **VD HAHN, DAVID L**

STREET ADDRESS **1819 MAIN ST., STE. 500**

CITY-ST-ZIP **SARASOTA FL 34236**

TITLE DELETE

NAME **SD HILL, M. BRET**

STREET ADDRESS **1819 MAIN ST., STE. 500**

CITY-ST-ZIP **SARASOTA FL 34236**

TITLE DELETE

NAME **T/S BRASGALLA, ROSE**

STREET ADDRESS **1819 MAIN ST., STE. 500**

CITY-ST-ZIP **SARASOTA FL 34236**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000001840460
-05/28/96-01026-0107
***61.25

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)(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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-16-96**

Daytime Phone #

CR2E037 (12/95)