2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90116 039 ****61.25

DOCUMENT # N95000004218

1. Entity Name

WELLINGTON CHASE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5550 BEE RIDGE ROAD, SUITE E-3 SARASOTA FL 34233	5550 BEE RIDGE ROAD, SUITE E-3 SARASOTA FL 34233-1505

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3341391 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~MANAGEMENT CONCEPTS OF SARASOTA COUNTY~~
~~5550 BEE RIDGE ROAD, SUITE E-3~~
~~SARASOTA FL 34233~~

7. Name and Address of New Registered Agent

Name Argus Property Management, INC
Street Address (P.O. Box Number is Not Acceptable)
2477 Stickney Point Rd #118A
City Sarasota FL Zip Code 34231

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE W. E. Hammerding 4-24-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMOUSE, DARIN 1819 MAIN ST., STE. 500 SARASOTA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Sprague, Donald 4915 Avon Lane Sarasota FL 34238	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRASGALLA, ROSE 1819 MAIN ST., STE. 500 SARASOTA FL 34236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Matera, Paul 4854 Oldham Street Sarasota FL 34238	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LE GAULT, PAT 1819 MAIN ST STE 500 SARASOTA FL 34236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Schultz, Noel 4986 Oldham Street Sarasota FL 34238	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMUELS, THERESA 6244 WEYMOUTH DR SARASOTA FL 34238	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Gerard, Shannon 6212 Weymouth Drive Sarasota FL 34238	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RALEIGH, JOHN 4914 AVON LN SARASOTA FL 34238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Troy, Anne 6291 Buckingham Street Sarasota FL 34238	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-24-00 941-349 09A
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #