


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000891 (9) 1. Corporation Name THE WELLNESS COMMUNITY - SOUTHEAST FLORIDA, INC.					
Principal Place of Business 5700 N FEDERAL HWY BOCA RATON FL 33487 US			Mailing Address 5700 N FEDERAL HWY BOCA RATON FL 33487 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/20/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0673197	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SPERBER, SUSAN 5700 N FEDERAL HWY BOCA RATON FL 33487			10. Name and Address of New Registered Agent 81 Name Celia R. Clarke, CFRE, E.D. 82 Street Address (P.O. Box Number is Not Acceptable) 5700 N. Federal Highway 83 84 City Boca Raton FL 85 Zip Code 33487		
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 <i>Celia R. Clarke</i> DATE 1/22/98 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	BRONSTEEN, JUDY				
STREET ADDRESS	17106 RYTON LANE				
CITY-ST-ZIP	BOCA RATON FL 33496				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	GORTZ, JANE				
STREET ADDRESS	6749 GIRALDA CR				
CITY-ST-ZIP	BOCA RATON FL 33433				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	REINERT, JERRY				
STREET ADDRESS	5631 COACH HOUSE CR, E				
CITY-ST-ZIP	BOCA RATON FL 33486				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	COYNE, DEBORAH				
STREET ADDRESS	8812 TWIN LAKES DRIVE				
CITY-ST-ZIP	BOCA RATON FL 33496				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DOCTER, MARCIA				
STREET ADDRESS	100 WORTH AVENUE, SUITE 715				
CITY-ST-ZIP	PALM BEACH FL 33480				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	FRANK, SHEILA				
STREET ADDRESS	5047 SUFFOLK DR				
CITY-ST-ZIP	BOCA RATON FL 33496				



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 in an attachment with an address.

SIGNATURE: *Celia R. Clarke* REQUIRED Celia R. Clarke, Executive Dir. 1/5/98

CR2E037 (10/97)