

FILE NOW: FILING FEE IS \$61.25

FILED
May 27 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 # N97000006554 (6)
1. Corporation Name
WELLINGTON PLACE AT KENSINGTON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 8465 MYSTIC GREENS WAY SUITE 300 NAPLES FL 34103
Mailing Address: 8465 MYSTIC GREENS WAY SUITE 300 NAPLES FL 34103

3. Date Incorporated or Qualified: 11/20/1997
4. FEI Number: [] Applied For [] Not Applicable
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? [X] Yes [] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [X] No

2. Principal Place of Business: 21 Suite 2201, City & State: 22
2a. Mailing Address: 26 Suite 2201, City & State: 27
23 Zip: 24 34113, Country: 25
28 Zip: 29 34113, Country: 30

9. Name and Address of Current Registered Agent
PRICE, R S
2640 GOLDEN GATE PARKWAY
SUITE 315
NAPLES FL 34105

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	A.L. Bateman	
STREET ADDRESS	8465 Mystic Greens Way #2201	
CITY-ST-ZIP	Naples, FL 34113	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Joyce Dersch	
STREET ADDRESS	800 Misty Pines Cir. #205	
CITY-ST-ZIP	Naples, FL 34105	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Joyce Sells	
STREET ADDRESS	6780 Sable Ridge Ln.	
CITY-ST-ZIP	Naples, FL 34109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bateman, Arthur L.	
1.3 STREET ADDRESS	8465 Mystic Greens Way, #2201	
1.4 CITY-ST-ZIP	Naples, FL 34113	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address.

SIGNATURE: _____ DATE: 11-27-98

CR2E037 (10/97)