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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N97000006554

1. Corporation Name

WELLINGTON PLACE AT KENSINGTON CONDOMINIUM ASSOCIATION, INC.

\* 2 2142487-90037-34

Principal Place of Business

Mailing Address

8465 MYSTIC GREENS WAY  
 STE 2201  
 NAPLES FL 34113  
 US

8465 MYSTIC GREENS WAY  
 STE 2201  
 NAPLES FL 34113  
 US



2. Principal Place of Business

2a. Mailing Address

21 4375 Dover Court

26 4375 Dover Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #102

27 #102

City & State

City & State

23 Naples, FL

28 Naples, FL

Zip Country

Zip Country

24 34105

25 U.S.A.

29 34105

30 U.S.A.

3. Date Incorporated or Qualified

11/20/1997

4. FEI Number

APPLIED FOR 59-3516854

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRICE, R S  
 2640 GOLDEN GATE PARKWAY  
 SUITE 315  
 NAPLES FL 34105

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
 NAME BATEMAN, ARTHUR L  
 STREET ADDRESS 8465 MYSTIC GREENS WAY, #2201  
 CITY-ST-ZIP NAPLES FL 34113

1.1 TITLE P D  
 1.2 NAME Bateman, Arthur L.  
 1.3 STREET ADDRESS 4375 Dover Court, #102  
 1.4 CITY-ST-ZIP Naples, FL 34105

TITLE D  
 NAME DERSCH, JOYCE  
 STREET ADDRESS 800 MISTY PINES CIRCLE, #205  
 CITY-ST-ZIP NAPLES FL 34105

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE D  
 NAME SELLS, JOYCE  
 STREET ADDRESS 6780 SABLE RIDGE LN  
 CITY-ST-ZIP NAPLES FL 34109

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  
 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Arthur L. Bateman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-9-99

941-430-1012

Date

Daytime Phone #

CR2E037 (11/98)