

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006554

1. Entity Name

WELLINGTON PLACE AT KENSINGTON CONDOMINIUM ASSOC

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90222 043 ****61.25

Principal Place of Business

Mailing Address

4375 DOVER CT
 102
 NAPLES FL 34105
 US

4375 DOVER CT
 102
 NAPLES FL 34105-6631
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Southwest Prop Mgmt Corp

Southwest Prop Mgmt Corp

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1044 Castello Dr., Suite 206

1044 Castello Dr., Suite 206

City & State

City & State

Naples, FL

Naples, FL

4. FEI Number

59-3515864

Applied For

Not Applicable

Zip

Country

Zip

Country

34103 US

34103 US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

2640 Golden Gate Pkwy, Suite 115

City

FL

Zip Code

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

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 PD Delete
 NAME BATEMAN, ARTHUR L
 STREET ADDRESS 4375 DOVER CT 102
 CITY-ST-ZIP NAPLES FL 34105

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE SID Change Addition
 NAME Anastasia, Pamela
 STREET ADDRESS 4375 Dover Court #102
 CITY-ST-ZIP Naples, FL 34105

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

TITLE TID Change Addition
 NAME Candrea, Mike
 STREET ADDRESS 4375 Dover Court #103
 CITY-ST-ZIP Naples, FL 34105

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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) Pamela Anastasia 4-11-2000 (714) 430-1012
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)