

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90376 022 ****61.25

DOCUMENT # N97000006554

1. Entity Name

WELLINGTON PLACE AT KENSINGTON CONDOMINIUM ASSOC

Wellington Place I @ Kensington

Principal Place of Business

Mailing Address

SOUTHWEST PROPERTY MGMT. CORP
1044 CASTELLO DR. #206
NAPLES FL 34103
US

SOUTHWEST PROPERTY MGMT. CORP
1044 CASTELLO DR. #206
NAPLES FL 34103
US

001020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

~~50-2515004~~ 59-
~~50-2515004~~ 3516 854

Applied For

Not Applicable

Zip

Country

Zip

Country

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 115~~
~~NAPLES FL 34105~~

Name *Southwest Property Management Corp.*
 Street Address (P.O. Box Number is Not Acceptable) *1044 castello drive # 206*
 City *Naples* FL Zip Code *34103*

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 *Brad Tucker, Manager* DATE *5/9/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input checked="" type="checkbox"/> Delete
NAME	BATEMAN, ARTHUR L	
STREET ADDRESS	4375 DOVER CT 102	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ANASTASIA, PAMELA	
STREET ADDRESS	4375 DOVER CT #102	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CANDREVA, MIKE	
STREET ADDRESS	4375 DOVER CT #102	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD;TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Mann	
STREET ADDRESS	4405 Dover Court #402	
CITY-ST-ZIP	Naples, FL 34105	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Osborne	
STREET ADDRESS	5074 Seahorse Ave	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	#104	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 filers reported.

SIGNATURE: *[Signature]* 5-9-1

CR2E037 (10/00)