


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

4/2

04-24-2003 90244 042 ****61.25

DOCUMENT # N97000006554
1. Entity Name
WELLINGTON PLACE AT KENSINGTON CONDOMINIUM ASSOCIATION, INC.
W.P.I.



Principal Place of Business
**SOUTHWEST PROPERTY MGMT. CORP
1044 CASTELLO DR. #206
NAPLES FL 34103
US**

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

55039925



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3515864**

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

7. Name and Address of New Registered Agent

Name

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	STB PD	<input type="checkbox"/> Delete
NAME	MANN, JIM	
STREET ADDRESS	4405 DOVER CT #402	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OSBORNE, JIM	
STREET ADDRESS	5074 SEAHORSE AVE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CANDREVA, MIKE	
STREET ADDRESS	4375 DOVER CT #104	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	STB PD	<input type="checkbox"/> Delete
NAME	SMITH, MARY	
STREET ADDRESS	4375 DOVER CT. #102	
CITY-ST-ZIP	NAPLES, FL. 34105	
TITLE	YPD PD	<input type="checkbox"/> Delete
NAME	NAHRA, GUS	
STREET ADDRESS	4475 DOVER CT. #1103	
CITY-ST-ZIP	NAPLES, FL. 34105	
TITLE	TD PD	<input type="checkbox"/> Delete
NAME	BOONE, SAM	
STREET ADDRESS	4465 DOVER CT. #1004	
CITY-ST-ZIP	NAPLES, FL. 34105	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCRATH, KATHY	
STREET ADDRESS	4375 DOVER CT. #101	
CITY-ST-ZIP	NAPLES, FL. 34105	
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 like empowered.

SIGNATURE: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CFR2037 (10/02)