## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000098321 (7)

WELLINGTON PLACE AT KENSINGTON, INC. Principal Place of Business Mailing Address 8465 MYSTIC GREENS WAY 8465 MYSTIC GREENS WAY SUITE 300 SUITE 300 DO NOT WRITE IN THIS SPACE NAPLES FL 34103 NAPLES FL 34103 3. Date Incorporated or Qualified 11/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 65-0797255 Suite, Apl. #, etc. Suite, Apt #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 **Suite 2201** Fee Required <u>Suite 2201</u> City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζiρ Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 34113 34113 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PRICE, R. SCOTT 2640 GOLDEN GATE PARKWAY Street Address (P.O. Box Number is Not Acceptable) **SUITE 315** В3 NAPLES FL 34105 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Stgenture, typical or priorest name of registered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition □ DELETE ☐ Change TITLE 1.1 TITLE Bateman, Arthur L. NAME 1.2 NAME 1.3 STREET ADDRESS 8465 Mystic Greens Way, #2201 STREET ADDRESS Naples, FL 34113 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 T(T) E TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 of supplier shall arrival 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 conformation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change if our any attraction with an address.

CITY-ST-ZIP

14-27-00

AUI. 702.0940

**FILED** 

May 11 1998 8:00am

Secretary of State