2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2005 08:00 AM DOCUMENT # P97000098321 **Secretary of State** 1. Entity Name WELLINGTON PLACE AT KENSINGTON, INC. Principal Place of Business Mailing Address **4770 ALBERTON COURT** 4770 ALBERTON COURT #2002 NAPLES FL 34105 US NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address Suite Apt # etc Suite, Apt #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0797255 Not Applicable Zip Country Źid Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BATEMAN, ARTHUR L Street Address (P.O. Box Number is Not Acceptable) 4770 ALBÉRTON COURT #2602 NAPLES FL 34105 City Zip Code 3. 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 it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. UUUU00246484 02/28/05-80068-001 150.00 Addition PD THILE TITLE ☐ Delete NAME BATEMEAN, ARTHUR L. NAME STREET ADDRESS 4770 ALBERTON COURT #2602 STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP CHY-ST-ZIP TITLE Delete Addition ☐ Change NAME DERSCH, JOYCE 4445 DOVER CT #803 STREET ADDRESS STREET ADDRESS NAPLES FL 34105 City-ST-ZP City - St - 7iP TITLE Delete ☐ Change Addition TABLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY - ST - ZIP CHY-SI-ZP TITLE Defete ☐ Change HILE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP City-S1-212 TITLE Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CUTY-ST- RE

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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 607, 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

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