


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90085 038 ****61.25

DOCUMENT # 709110		
1. Entity Name WELLINGTON ASSOCIATION, INC. A CONDOMINIUM		
Principal Place of Business C/O CONSOLIDATED MGT 10034 W MCNAB RD TAMARAC, FL 33321		Mailing Address C/O CONSOLIDATED MGT 10034 W MCNAB RD TAMARAC, FL 33321
2. Principal Place of Business 7932 Wiles Road Suite, Apt. #, etc.		3. Mailing Address 7932 Wiles Road Suite, Apt. #, etc.
City & State CORALSprings FL		City & State CORALSprings, FL
Zip 33007 Country USA		Zip 33067 Country USA
4. FEI Number 59-1201546		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MILES, JAMES R CONSOLIDATED COMMUNITY MANAGEMENT 10034 W MCNAB RD TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name Robert KAYE & Assoc Street Address (P.O. Box Number is Not Acceptable) 6262 NW 6th Way, Suite 103 City Ft Lauderdale FL Zip Code 33309
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: Robert KAYE, President <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILL, DAVID 10034 W MCNAB RD TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REEDY, WILLIAM 52 ESSEX STREET REVERE MA 02151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, BEVERLY 10034 W MCNAB RD TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition YABER, JAMES 4770 BAYVIEW DRIVE FT LAUDERDALE FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OVERWAY, ROY 10034 W MCNAB RD TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSBY, RICHARD 10034 W MCNAB RD TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEVINGS, SUSAN 10034 W MCNAB RD TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSBY, RICHARD 10034 W MCNAB RD TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Susan Levings V.P.		Date 3-2-05 Daytime Phone # 9549383024
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>