


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90020 044 ****61.25

DOCUMENT # 709110		
1. Entity Name WELLINGTON ASSOCIATION, INC. A CONDOMINIUM		

Principal Place of Business 7932 WILES ROAD CORAL SPRINGS, FL 33067	Mailing Address 7932 WILES ROAD CORAL SPRINGS, FL 33067
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40048281



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1201546	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBERT KAYE & ASSOC 4261 NW 6TH WAY SUITE 103 FORT LAUDERDALE, FL 33309		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	YAGER, JAMES		NAME				
STREET ADDRESS	4770 BAYVIEW DR		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCGUIRE, BEVERLY		NAME				
STREET ADDRESS	10034 W MCNAB RD		STREET ADDRESS				
CITY-ST-ZIP	TAMARAC, FL		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	OVENWAY, ROY		NAME				
STREET ADDRESS	10034 W MCNAB RD		STREET ADDRESS				
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TEMPESTA, CLIFFORD		NAME				
STREET ADDRESS	3001 NE 47TH COURT		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PICCO, FRED		NAME				
STREET ADDRESS	197 REIDSTONE DR		STREET ADDRESS				
CITY-ST-ZIP	LONDONDERRY, NH 03053		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James B. Yager President 3-10-08 954-938-9737
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JAMES B. YAGER
 Date Daytime Phone #