


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # 714576 1. Entity Name WELLINGTON TOWERS, INC.		
Principal Place of Business 1701 SOUTH OCEAN DR HOLLYWOOD FL 33019		Mailing Address 1701 SO. OCEAN DR. 204 HOLLYWOOD FL 33019-2407 US
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number 23-7024716		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 STERN, JOSEPH 1701 S OCEAN DR #204 HOLLYWOOD FL 33019		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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.		FL Zip Code
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____



1st MOORE CR2E037 (10/06)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKZSA, LENA	NAME	U00000656414
STREET ADDRESS	1701 S OCEAN DRIVE	STREET ADDRESS	03/14/07-80024-015 61.25
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERN, EDITH	NAME	
STREET ADDRESS	1701 SOUTH OCEAN DR	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISEMAN, ROBERT	NAME	
STREET ADDRESS	1701 S OCEAN DR	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, MYRNA	NAME	
STREET ADDRESS	1701 S OCEAN DR	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHERIDGE, HERBERT	NAME	
STREET ADDRESS	1701 S. OCEAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEREGHINI, LORRAINE	NAME	
STREET ADDRESS	1701 S OCEAN DR	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joseph Stern* - JOSEPH STERN - PRES.

934-929-4857