


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90037 004 \*\*\*\*61.25

<b>DOCUMENT # 715386</b>					
1. Entity Name WELLINGTON ARMS, A CONDOMINIUM, INC.					
Principal Place of Business 6530 N OCEAN BOULEVARD OCEAN RIDGE, FL 33435		Mailing Address 6530 N OCEAN BOULEVARD OCEAN RIDGE, FL 33435			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-9126705 59-1267105	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AASKOV, GAIL ADAMS MANAGEMENT SERVICES 5011 N. OCEAN BLVD. OCEAN RIDGE, FL				7. Name and Address of New Registered Agent Name <u>ROBERT J. NEMES</u> Street Address (P.O. Box Number is Not Acceptable) <u>6530 N. OCEAN BLVD, #105</u> City <u>OCEAN RIDGE</u> FL Zip Code <u>33435</u>	
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 <u>ROBERT J. NEMES</u> <u>[Signature]</u> <u>1/5/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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	D WYKOFF, RICHARD 6530 N OCEAN BLVD OCEAN RIDGE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CALVIN DARULA 6530 N. OCEAN BLVD, # 307 OCEAN RIDGE, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TOMIE, MARIO 6530 N. OCEAN BLVD OCEAN RIDGE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ROBERT J. NEMES 6530 N. OCEAN BLVD #105 OCEAN RIDGE, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALLA, STANLEY 6530 N. OCEAN BLVD. OCEAN RIDGE, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DAVID DE LA ROSA 2681 N.W. 40th STREET BOCA RATON, FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THOMPSON, ARTHUR 5630 N. OCEAN BLVD BOYNTON BEACH, FL 33435	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FRANK ULTSCH 1897 E. TENNACE DRIVE LAKELAND, FL 33406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARULA, CALVIN 6530 N OCEAN BLVD OCEAN RIDGE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARGARET STISH DIRECTOR 6530 N. OCEAN BLVD, # 304 OCEAN RIDGE, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 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: <u>ROBERT J. NEMES</u> <u>[Signature]</u> <u>1/5/06</u>				570-242-0832 <del>570-242-0832</del> (CELL)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	