


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90077 050 ****61.25

DOCUMENT # 715386
 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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1267105 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
NEMES, ROBERT J
6530 N OCEAN BLVD, #105
OCEAN RIDGE, FL 33435

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing 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 P	<input type="checkbox"/> Delete NAME DARULA, CALVIN STREET ADDRESS 6530 N OCEAN BLVD #307 CITY-ST-ZIP OCEAN RIDGE, FL 33435	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	<input type="checkbox"/> Delete NAME NEMES, ROBERT S STREET ADDRESS 6530 N OCEAN BLVD #105 CITY-ST-ZIP OCEAN RIDGE, FL 33435	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	<input type="checkbox"/> Delete NAME DE LA ROSA, DAVID STREET ADDRESS 2681 NW 40TH ST CITY-ST-ZIP BOCA RATON, FL 33434	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input type="checkbox"/> Delete NAME ULTSH, FRANK STREET ADDRESS 1897 E TERR DR CITY-ST-ZIP LAKE WORTH, FL 33406	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	<input checked="" type="checkbox"/> Delete NAME STON, MARGARET STREET ADDRESS 6530 N OCEAN BLVD #304 CITY-ST-ZIP OCEAN RIDGE, FL 33435	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Bruce Mackintosh STREET ADDRESS 6530 N. Ocean Blvd #112 CITY-ST-ZIP Ocean Ridge, FL 33435
TITLE	<input type="checkbox"/> Delete NAME Bruce Mackintosh STREET ADDRESS 6530 N. Ocean Blvd #112 CITY-ST-ZIP Ocean Ridge FL 33435	TITLE <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: Calein Danila 3/7/07 561 737793 Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #