

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2009
Secretary of State**

DOCUMENT# 715386

Entity Name: WELLINGTON ARMS, A CONDOMINIUM, INC.

Current Principal Place of Business:

6530 N OCEAN BOULEVARD
OCEAN RIDGE, FL 33435

New Principal Place of Business:

Current Mailing Address:

6530 N OCEAN BOULEVARD
OCEAN RIDGE, FL 33435

New Mailing Address:

FEI Number: 59-1267105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEMES, ROBERT J
6530 N OCEAN BLVD, #105
OCEAN RIDGE, FL 33435 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DARULA, CALVIN
Address: 6530 N OCEAN BLVD #307
City-St-Zip: OCEAN RIDGE, FL 33435

Title: S () Delete
Name: NEMES, ROBERT S
Address: 6530 N OCEAN BLVD #105
City-St-Zip: OCEAN RIDGE, FL 33435

Title: T () Delete
Name: DE LA ROSA, DAVID
Address: 2681 NW 40TH ST
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: ULTSH, FRANK
Address: 1897 E TERR DR
City-St-Zip: LAKE WORTH, FL 33406

Title: D () Delete
Name: MACKINTOSH, BRUCE
Address: 6530 N. OCEAN BLVD #112
City-St-Zip: OCEAN RIDGE, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DOLAN, KATHY
Address: 6530 N OCEAN BLVD #107
City-St-Zip: OCEAN RIDGE, FL 33435

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MACKINTOSH, BRUCE
Address: 6530 N. OCEAN BLVD #112
City-St-Zip: OCEAN RIDGE, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN DARULA

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date