



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90072 006 ****61.25

DOCUMENT # 726391 1. Entity Name WELLINGTON MANOR CONDOMINIUM, INC.					
Principal Place of Business 8901 NW 38 DR #205 CORAL SPRINGS, FL 33065 US			Mailing Address SHARON CARRINGTON CONDO #205 8901 HAMPSHIRE DR CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business - No P.O. Box # 8901 NW 38th DR Suite, Apt. #, etc. Apt. 207 City & State CORAL SPRINGS, FL Zip 33065 Country Broward		3. Mailing Address 8901 NW 38th DR Suite, Apt. #, etc. Apt. 207 City & State CORAL SPRINGS, FL Zip 33065 Country Broward			
4. FEI Number 59-1656383				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04022007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent CARRINGTON, SHARON CONDO # 205 8901 HAMPSHIRE DR CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name <u>MARK Wieduwilt</u> Street Address (P.O. Box Number is Not Acceptable) <u>8901 NW 38th DR</u> <u>APT 207</u> City <u>CORAL SPRINGS</u> FL Zip Code <u>33065</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>Mark Wieduwilt</u> DATE <u>4-13-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	S CARRINGTON, SHARON CONDO # 205 8901 HAMPSHIRE DR CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ANURADHA Singh 8903 NW 38th DR APT 101 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLUMBE, CLINT 8901 NW 38TH DR #204 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARK Wieduwilt 8901 NW 38th DR APT 207 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WIEDUWILT, MARK 8901 NW 38TH DR #207 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP DAVID Miller 8901 NW 38th DR APT 108 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABBOTT, MAUREEN 9304 NW 80TH ST TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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
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>Mark Wieduwilt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-13-07 (954) 536-7033 <small>Date Daytime Phone #</small>		