2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726391

FILED Jan 08, 2009 Secretary of State

Entity Name: WELLINGTON MANOR CONDOMINIUM, INC.

Current F	Principal Place	of Business:	New Princi	pal Place of Business:
8901 NW	38 DR			
#207 CORAL S	PRINGS, FL 33	065 US		
Current N	failing Address	::	New Mailin	g Address:
	NIVERSITY DRIN	/E		
132 DAVIE, FL	_ 33328 US			
FEI Number	: 59-1656383	FEI Number Applied For ()	FEI Number Not Applic	cable () Certificate of Status Desired ()
Name and	d Address of Co	ırrent Registered Agent:	Name and	Address of New Registered Agent:
4801 S UN 132	MMUNITY STRA NIVERSITY DRIV . 33328 US			
	e named entity si e of Florida.	ubmits this statement for the p	ourpose of changing its	s registered office or registered agent, or both,
SIGNATU	DE:			
SIGNATO	RE.			
SIGNATO		c Signature of Registered Age	ent	Date
				Date 6/CHANGES TO OFFICERS AND DIRECTOR
OFFICER Fitle: Name: Address:	Electroni S AND DIRECT	ORS: Delete NRK APT 207		
	Electroni S AND DIRECT P () WIEDUWITT, MA 8901 NW 38 DR CORAL SPRING	ORS: Delete NRK APT 207 S, FL 33065 Delete APT 108	ADDITIONS Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTO
OFFICER Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress:	Electronic S AND DIRECT P () I WIEDUWITT, M/ 8901 NW 38 DR CORAL SPRING VP () I MILLER, DAVID 8901 NW 38 DR CORAL SPRING	ORS: Delete ARK APT 207 S, FL 33065 Delete APT 108 S, FL 33065 Delete AM DRIVE # 105	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	S/CHANGES TO OFFICERS AND DIRECTO () Change () Addition
DFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Address: Name: Address:	Electroni S AND DIRECT P () I WIEDUWITT, MA 8901 NW 38 DR CORAL SPRING VP () I MILLER, DAVID 8901 NW 38 DR CORAL SPRING S () I TRIGOBOFF, AL 8901 NW 38TH I CORAL SPRING	ORS: Delete NRK APT 207 S, FL 33065 Delete APT 108 S, FL 33065 Delete AM DRIVE # 105 S, FL 33065 Delete GABRIELLA DRIVE # 203	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	6/CHANGES TO OFFICERS AND DIRECTO () Change () Addition () Change () Addition

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: MARK WIEDUWITT P 01/08/2009