


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 748612

1. Entity Name
SECOND WELLINGTON, INC.



Principal Place of Business Mailing Address

11199 POLO CLUB RD **11199 POLO CLUB RD**
WELLINGTON, FL 33414 US **WELLINGTON, FL 33414 US**

DO NOT WRITE IN THIS SPACE



07022004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-1936164 Not Applicable

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

6. Name and Address of Current Registered Agent

GALLE, CRAIG T
11199 POLO CLUB RD
WELLINGTON, FL 33414

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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 rechartering)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAUB, GLENN F 11199 POLO CLUB RD WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKINNER, HAROLD 11809 POLO CLUB RD. WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPANO, SAL 11199 POLO CLUB RD WELLINGTON, FL 33414
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 recipient of the trust and authorized 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 fees empowered.

SIGNATURE:  Director Date: **7/02/04** Daytime Phone #: **561-798-7113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR