## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 748612** 

Entity Name: SECOND WELLINGTON, INC.

FILED Aug 05, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11199 POLO CLUB RD 12300 SOUTH SHORE BLVD.

WELLINGTON, FL 33414 US SUITE 210

WELLINGTON, FL 33414 US

Current Mailing Address: New Mailing Address:

11199 POLO CLUB RD 12300 SOUTH SHORE BLVD.

WELLINGTON, FL 33414 US SUITE 210

WELLINGTON, FL 33414 US

FEI Number: 59-1936164 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GALLE, CRAIG T NELSON, MICHAEL H
11199 POLO CLUB RD 12300 SOUTH SHORE BLVD.

WELLINGTON, FL 33414 US SUITE 210
WELLINGTON, FL 33414 US

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: MICHAEL H NELSON 08/05/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 STRAUB, GLENN F
 Name:
 STRAUB, GLENN F

 Address:
 11199 POLO CLUB RD
 Address:
 11198 POLO CLUB RD

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:
 WELLINGTON, FL 33414

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition

 Name:
 SKINNER, HAROLD
 Name:
 SKINNER, HAROLD

 Address:
 11809 POLO CLUB RD.
 Address:
 11198 POLO CLUB RD.

 City-St-Zip:
 WEST PALM BEACH, FL 33414
 City-St-Zip:
 WEST PALM BEACH, FL 33414

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name: SPANO, SAL Name: SPANO, SAL

Address: 11199 POLO CLUB RD Address: 11198 POLO CLUB RD
City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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: GLENN STRAUB PD 08/05/2006