

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90030 040 ****70.00

DOCUMENT # N01000008572

1. Entity Name

WELLINGTON SENIORS CLUB, INC.



Principal Place of Business
14195 GREENTREE DRIVE
WELLINGTON FL 33414

Mailing Address
14195 GREENTREE DRIVE
WELLINGTON FL 33414

2. Principal Place of Business

815 CARAWAY COURT
Suite, Apt. #, etc.

3. Mailing Address

815 CARAWAY COURT
Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

WELLINGTON

City & State

FLORIDA

4. FEI Number

80-0026674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country U.S.

Zip

Country U.S.

33414-8211

33414-8211

33414-8211

6. Name and Address of Current Registered Agent

O'GRADY, TERRY
14195 GREENTREE DRIVE
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name SPRINGER, JERRY

Street Address (P.O. Box Number is Not Acceptable)

815 CARAWAY COURT

City WELLINGTON

FL

Zip Code

33414-8211

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

JERRY SPRINGER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'GRADY, TERRY	
STREET ADDRESS	14195 GREENTREE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TURNER, LEN	
STREET ADDRESS	12606 WHITE CORAL DR.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARNES, BETTY	
STREET ADDRESS	14195 GREENTREE DRIVE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARIUTTO, BILL	
STREET ADDRESS	11711 LAURAL VALLEY CIR.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SALVIOLA, NANCY	
STREET ADDRESS	2021 SUNDERLAND AVE.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANATA, PETE	
STREET ADDRESS	14337 DRAFT HORSE LANE	
CITY-ST-ZIP	WELLINGTON FL 33414	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPRINGER, JERRY	
STREET ADDRESS	815 CARAWAY COURT	
CITY-ST-ZIP	WELLINGTON, FL 33414-8211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jerry Springer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #