2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State
04-14-2006 90141 020 ****61.25

DOCUMENT # N17612

1. Entity Name
WELLINGTON M CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
308 WELLINGTON M WEST PALM BEACH, FL 33417 US	308 WELLINGTON M 301 WELLINGTON M WEST PALM BEACH, FL 33417 US

04062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1606288 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMPAGNUOLO, FELIC 308 WELLINGTON M WEST PALM BEACH, FL 33417	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAMPAGNUOLO, FELIX 308 WELLINGTON M WEST PALM BEACH, FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASS. SECRETARY DIANE GALE 314 WELLINGTON M WEST PALM BCH, FL 33417	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BEREST, SAMUEL 203 WELLINGTON M. WEST PALM BEACH, FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER MYRA BEREST 112 WELLINGTON M WEST PALM BCH, FL 33417	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAMPAGNUOLO, CATHY 308 WELLINGTON M WEST PALM BEACH, FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES AIRHART 310 WELLINGTON M WEST PALM BCH, FL 33417	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, ANNE 114 WELLINGTON M WEST PALM BEACH, FL 33417	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SELMA LICHTEN 110 WELLINGTON M WEST PALM BCH, FL 33417	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, ANNE 114 WELLINGTON M WEST PALM BEACH, FL 33417	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERSHMAN, BARBARA 205 WELLINGTON M W PALM BCH, FL 33417	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X Felix Campagnuolo FELIX CAMPAGNUOLO 4/7/06 242-0395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — PRESIDENT — Date — Daytime Phone #