


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90215 022 ****61.25

DOCUMENT # N95000004218

1. Entity Name
WELLINGTON CHASE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
 % ARGUS PROPERTY MANAGEMENT, INC.
 2477 STICKNEY POINT RD. SO. 118 A
 SARASOTA, FL 34233

Mailing Address
 % ARGUS PROPERTY MANAGEMENT, INC.
 2477 STICKNEY POINT RD. SO. 118 A
 SARASOTA, FL 34231

40083605



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04242006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-3341391

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

ARGUS PROPERTY MANAGEMENT, INC.
 2477 STICKNEY POINT ROL 118A
 SARASOTA, FL 34231

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reconstating) DATE _____

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HURST, ROBERT	
STREET ADDRESS	6367 STARBRIDE CT	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, NOEL	
STREET ADDRESS	4986 OLDHAM STREET	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	PUCKETT, RICHARD	
STREET ADDRESS	4835 BRADBURN CR.	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MECHANIC, JOSEPH	
STREET ADDRESS	4987 OLDBARNE ST.	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CARVELLO, ELENOR	
STREET ADDRESS	5016 STURBRIDGE CT	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Crowe	
STREET ADDRESS	6234 Buckingham St.	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lorrey Campbell	
STREET ADDRESS	4955 Oldham St	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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 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: Robert P. Hurst Date: 5/2/06 Daytime Phone #: 927-444-1103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR