

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90115 006 ****61.25



DOCUMENT # N95000004218
1. Entity Name
WELLINGTON CHASE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address
% ARGUS PROPERTY MANAGEMENT, INC.
2477 STICKNEY POINT RD. SO. 118 A
SARASOTA FL 34233 % ARGUS PROPERTY MANAGEMENT, INC.
2477 STICKNEY POINT RD. SO. 118 A
SARASOTA FL 34231



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-3341391 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 | DT | <input type="checkbox"/> Delete |
| NAME | CROWE, BILL | |
| STREET ADDRESS | 6234 BUCKINGHAM ST | |
| CITY-ST-ZIP | SARASOTA FL 34238 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CAMPBELL, LONNEY | |
| STREET ADDRESS | 4955 OLDHAM ST | |
| 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 | D | <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 | | <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 | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Nicolas Spina | |
| STREET ADDRESS | 6323 Starbride Ct. | |
| CITY-ST-ZIP | Sarasota, FL 34238 | |
| 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 exemptions contained in Section 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: Elenor Carvello

4/25/07