


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90013 023 ****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

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2477 STICKNEY POINT RD. SO. 118 A
SARASOTA FL 34231



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-3341391 Not Applicable

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 _____

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, 2008

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 STARBRIDGE CT	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	CROWE, BILL	
STREET ADDRESS	6234 BUCKINGHAM ST	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPINA, NICOLAS	
STREET ADDRESS	6323 STURBRIDG ST.	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	DS	<input checked="" 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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas Kennedy Jr.	
STREET ADDRESS	6358 Sturbridge Ct.	
CITY-ST-ZIP	Sarasota, 34238	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alice Hardy	
STREET ADDRESS	6387 Sturbridge 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 Carvallo*

4-23-08 944-927-6464