


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91058 025 ****61.25

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1. Entity Name
 WELLINGTON PLACE AT KENSINGTON COMMONS ASSOCIATION, INC.



Principal Place of Business
 SOUTHWEST PROP. MGMT.
 1044 CASTELLO DR., STE #206
 NAPLES, FL 34103

Mailing Address
 SOUTHWEST PROP. MGMT.
 1044 CASTELLO DR., STE #206
 NAPLES, FL 34103

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03192004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3570190 Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent
 SOUTHWEST PROPERTY MANAGEMENT CORP
 1044 COSTELLO DRIVE #206
 NAPLES, FL 34103

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 reinstating)

Filing 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 TD	<input type="checkbox"/> Delete
NAME	JOHNSON, FRANK	
STREET ADDRESS	4952 WESTCHESTER CT., #3902	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MANN, JAMES	
STREET ADDRESS	4405 DOVER CT., #402	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	SD PD	<input type="checkbox"/> Delete
NAME	BIRRANE, JOHN	
STREET ADDRESS	4776 ALBERTON CT., #2704	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKINNEY, William	
STREET ADDRESS	4445 DOVER CT. #804	
CITY-ST-ZIP	NAPLES, FL 34105	
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: William McKinney Date: 4/22/04 Daytime Phone #: 436-3528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR