

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# N99000007174

Entity Name: WELLINGTON GREEN MASTER PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7900 GLADES ROAD  
SUITE 320  
BOCA RATON, FL 334344104 US

**New Principal Place of Business:**

**Current Mailing Address:**

7900 GLADES ROAD  
SUITE 320  
BOCA RATON, FL 334344104 US

**New Mailing Address:**

FEI Number: 65-0995356      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOOLIK, GARY  
7900 GLADES ROAD  
SUITE 320  
BOCA RATON, FL 33434 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: JACOBSON, RALPH B  
Address: 7900 GLADES ROAD SUITE 320  
City-St-Zip: BOCA RATON, FL 334344101 US

Title: DS ( ) Delete  
Name: KOOLIK, GARY R  
Address: 7900 GLADES ROAD SUITE 320  
City-St-Zip: BOCA RATON, FL 334344104 US

Title: D ( ) Delete  
Name: ZIMMER, DORIAN  
Address: 10300 WEST FOREST HILL BLVD, SUITE 2000  
City-St-Zip: WELLINGTON, FL 33414

Title: P ( ) Delete  
Name: JACOBSON, HAROLD B  
Address: 7900 GLADES ROAD, SUITE 320  
City-St-Zip: BOCA RATON, FL 334344104 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH JACOBSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DVP

03/20/2009

\_\_\_\_\_  
Date