


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

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000007462</b> 1. Entity Name <b>THE WELLINGTON OFFICES CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>2928 WELLINGTON CIRCLE SUITE 201 TALLAHASSEE FL 32309</b>		Mailing Address <b>2928 WELLINGTON CIRCLE SUITE 201 TALLAHASSEE FL 32309</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>VISCONTI, FRANK L 2928 WELLINGTON CIRCLE SUITE 201 TALLAHASSEE FL 32309</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
4. FEI Number <b>59-3629193</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title (if applicable)</small>		DATE _____ <small>(NOTE: Registered Agent signature must include date)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VISCONTI, FRANK L 2928 WELLINGTON CIRCLE, STE 201 TALLAHASSEE FL 32309	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOODWIN, ELLA 2928 WELLINGTON CIR. S., STE. 201 TALLAHASSEE FL 32309	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SANDON, FRANCES 2928 WELLINGTON CIR STE 201 TALLAHASSEE FL 32309	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/07)

59-3629193 Applied For Not Applicable

\$8.75 Additional Fee Required

FL Zip Code

**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**

00000820501  
02/18/09-80032-008 61.25

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 *Ellen H. Goodwin* *Ellen H. Goodwin* 2-6-2008 870668-2211