2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30338

FILED Apr 16, 2009 Secretary of State

Entity Name: WELLINGTON EDGE PROPERTY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 10851 FOREST HILLS BLVD. WELLINGTON, FL 33414 **Current Mailing Address: New Mailing Address:** 10851 FOREST HILLS BLVD. WELLINGTON, FL 33414 US FEI Number: 65-0100362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEWSOME, JOHN % WELLINGTON MANAGEMENT 3461B FAIRLANE FARMS ROAD WELLINGTON, FL 33414 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CURRO, ROBERT Name: Name: 1947 OAK BERRY CIRCLE Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: Title: PD (X) Change () Addition () Delete DUSS, EUGENE Name: RIVERA, DAWN Name: Address: 10679 LK SHORE DR Address: 10754 HIDDEN BEND WAY City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414 Title: () Delete Title: (X) Change () Addition PANIAN, CHERIE PANIAN, CHERIE Name: Name: 10757 PELICAN DR Address: 10757 PELICAN DR Address: City-St-Zip: WEST PALM BEACH, FL 33414 City-St-Zip: WEST PALM BEACH, FL 33414 () Delete (X) Change () Addition Title: Title: SD GUMMERCE, JUDITH S Name: Name: GUMMERE, JUDITH S 1931 OAK BERRY CIRCLE 1931 OAK BERRY CIRCLE Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414 Title: VPD () Delete Title: (X) Change () Addition WEINSTEIN, ALAN PHILLIPS, LARRY W Name: Name: 10705 HIDDEN BEND WAY 1641 CARRIAGE BROOKE DR. Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414 Title: () Delete Title: (X) Change () Addition MENI, JAMIL MENI JAMII Name: Name: Address: 10697 LAKESHORE DR Address: 10697 LAKESHORE DR WEST PALM BEACH, FL 33414 WEST PALM BEACH, FL 33414 City-St-Zip: 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: DAWN RIVERA PD 04/16/2009