

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715386

**Entity Name:** WELLINGTON ARMS, A CONDOMINIUM, INC.

**Current Principal Place of Business:**

BACKER ABOUD POLAKOFF & FOELSTER  
400 S DIXIE HWY SUITE 420  
BOCA RATON, FL 33432

**Current Mailing Address:**

C/O ASSOCIATED PROPERTY MANAGEMENT  
8135 LAKE WORTH RD., SUITE B  
LAKE WORTH, FL 33467 US

**FEI Number:** 59-1267105

**Certificate of Status Desired:** No

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

BACK ABOUD POLIAKOFF & FOELSTER  
C/O BECKER ABOUD POLIAKOFF & FOELSTER, LLP  
400 S DIXIE HWY SUITE 420  
BOCA RATON, FL 33432 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:** BACKER ABOUD POLIAKOFF & FOELSTER

03/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PRALY, ELISABETH  
Address        8135 LAKE WORTH ROAD  
                 SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            VP  
Name            BIANCARDI, FRANK  
Address        8135 LAKE WORTH ROAD  
                 SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY  
Name            SOPHIE, CONSTANCE  
Address        8135 LAKE WORTH ROAD  
                 SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            O'BRIEN, SUSAN  
Address        8135 LAKE WORTH ROAD  
                 SUITE B  
City-State-Zip: LAKE WORTH FL 33467

Title            DIRECTOR  
Name            ROBILOTTO, JOHN  
Address        8135 LAKE WORTH ROAD  
                 SUITE B  
City-State-Zip: LAKE WORTH FL 33467

*I hereby 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 all other like empowered.*

**SIGNATURE:** FRANK BIANCARDI

VP

03/29/2021

Electronic Signature of Signing Officer/Director Detail

Date