

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715386

Entity Name: WELLINGTON ARMS, A CONDOMINIUM, INC.

Current Principal Place of Business:

C/O LEWIS LONGMAN & WALKER
515 N. FLAGLER DR., SUITE 1500
WEST PALM BEACH , FL 33401

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:

JENNISON, JULIA L ESQ.
LEWIS LONGMAN WALKER
515 N FLAGLER DR SUITE 1500
WEST PALM BEACH , FL 33401 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: JULIA L JENNISON

05/05/2020

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: ELISABETH PRALY

PRESIDENT

05/05/2020

Electronic Signature of Signing Officer/Director Detail

Date