## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 715386** 

Entity Name: WELLINGTON ARMS, A CONDOMINIUM, INC.

FILED
Apr 12, 2017
Secretary of State
CC9368656426

## **Current Principal Place of Business:**

ASSOCIATED PROPERTY MANAGEMENT 8135 LAKE WORTH RD. SUITE B LAKE WORTH, FL 33467

## **Current Mailing Address:**

6530 N OCEAN BOULEVARD OCEAN RIDGE, FL 33435

FEI Number: 59-1267105 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JULIA JENNISON, 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 JENNISON 04/12/2017

Electronic Signature of Registered Agent Date

City-State-Zip:

Officer/Director Detail:

Title PRESIDENT Title VP

Name PRALY, ELISABETH Name BIANCARDI, FRANK

Address 8135 LAKE WORTH ROAD Address 8135 LAKE WORTH ROAD

SUITE B SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY Title TREASURER
Name MAGEE, JAY Name GANLEY, PAT

Address 8135 LAKE WORTH ROAD Address 8135 LAKE WORTH ROAD

SUITE B SUITE B

Title DIRECTOR

City-State-Zip:

Name STISH, MARGARET

Address 8135 LAKE WORTH ROAD

LAKE WORTH FL 33467

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** 

LAKE WORTH FL 33467

04/12/2017