

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715386

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

**Current Principal Place of Business:**

ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD.  
LAKE WORTH, FL 33461

**FILED**  
**Mar 26, 2015**  
**Secretary of State**  
**CC7674693606**

**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:**

HARTLEY & MORTON, ATTORNEYS AT LAW, P.A  
800 VILLAGE SQUARE CROSSING  
SUITE 222  
PALM BEACH GARDENS, FL 33410 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: VICTORIA MORTON**

**03/26/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name MAGEE, JAY  
Address 1928 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33461

Title PRESIDENT  
Name LAMBRECHT, PHIL  
Address 1928 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33461

Title VP  
Name PRALY, ELISABETH  
Address 1928 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33461

Title TREASURER  
Name GANLEY, PAT  
Address 1928 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33461

Title DIRECTOR  
Name GALAINENA, FRANK  
Address 1928 LAKE WORTH ROAD  
City-State-Zip: LAKE WORTH FL 33461

*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: PHIL LAMBRECHT**

**PRESIDENT**

**03/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date