

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726391

**FILED**  
**Mar 20, 2017**  
**Secretary of State**  
**CC6162058561**

**Entity Name:** WELLINGTON MANOR CONDOMINIUM, INC.

**Current Principal Place of Business:**

WELLINGTON MANOR CONDOMINIUM ASSOC  
APEX ASSOCIATION SERVICES, INC. 6574 NORTH STATE ROAD 7  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

WELLINGTON MANOR CONDOMINIUM ASSOC  
APEX ASSOCIATION SERVICES, INC. 6574 NORTH STATE ROAD 7  
COCONUT CREEK, FL 33073 US

**FEI Number: 59-1656383**

**Certificate of Status Desired: No**

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

APEX ASSOCIATION SERVICES  
APEX ASSOCIATION SERVICES, INC.  
6574 NORTH STATE ROAD 7  
COCONUT CREEK, FL 33073 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: GLEN SUGARMAN**

**03/20/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER/SECRETARY  
Name           SMOOT, BETTINA  
Address        10715 NW 19TH PLACE  
City-State-Zip: CORAL SPRINGS FL 33071

Title           PRESIDENT  
Name           MOBLEY, DANIEL  
Address        1193 SE 4 AVE  
City-State-Zip: DEERFIELD BEACH FL 33431

Title           DIRECTOR  
Name           WEIDUWILT, MARK  
Address        8901 NW 38TH DRIVE  
                  207  
City-State-Zip: CORAL SPRINGS FL 33065

Title           DIRECTOR  
Name           TRIGGOBOLT, ADAM  
Address        8901 NW 38TH DRIVE  
                  105  
City-State-Zip: CORAL SPRINGS FL 33065

Title           VP  
Name           VIGNOLA, LORI  
Address        8901 NW 38TH DRIVE  
                  APT 203  
City-State-Zip: CORAL SPRINGS FL 33065

*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: BETTINA SMOOT**

**TREASURER**

**03/20/2017**

Electronic Signature of Signing Officer/Director Detail

Date