

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726391

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

**Current Principal Place of Business:**

C/O NEW COMMUNITY STRATEGIES  
4350 OAKES RD SUITE 516  
DAVIE, FL 33314

**Current Mailing Address:**

C/O NEW COMMUNITY STRATEGIES  
4350 OAKES RD SUITE 516  
DAVIE, FL 33314 US

**FEI Number: 59-1656383**

**Certificate of Status Desired: No**

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

NEW COMMUNITY STRATEGIES  
4350 OAKES RD  
SUITE 516  
DAVIE, FL 33314 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name VANDERWEIDE, GABBY  
Address 8901 NW 38 DR APT # 203  
City-State-Zip: CORAL SPRINGS FL 33065

Title VP  
Name MILLER, TOM  
Address 8901 NW 38 DR APT # 104  
City-State-Zip: CORAL SPRINGS FL 33065

Title SD  
Name ONER, OLCAY  
Address 8901 NW 38TH DRIVE # 205  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name WEIDUWILT, MARK  
Address 8901 NW 38TH DRIVE  
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: GABBY VANDERWEIDE**

**PRESIDENT**

**05/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date