

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

DOCUMENT# N22001

**Entity Name:** WELLINGTON AT BRECKENRIDGE CONDOMINIUM  
ASSOCIATION, INC.

**FILED**  
**Mar 07, 2015**  
**Secretary of State**  
**CC8327728102**

**Current Principal Place of Business:**

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11934 FAIRWAY LAKES DR. SUITE01  
FORT MYERS, FL 33913

**Current Mailing Address:**

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11934 FAIRWAY LAKES DR. SUITE01  
FORT MYERS, FL 33913 US

**FEI Number: 65-0104229**

**Certificate of Status Desired: No**

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

NASSOIY, SHERRY  
C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11934 FAIRWAY LAKES DR. SUITE01  
FORT MYERS, FL 33913 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 VP  
Name SHEEHAN, LINDA  
Address 34 4TH STREET  
City-State-Zip: BONITA SPRINGS FL 34134  
  
Title SECRETARY  
Name SCHERI, FRANK  
Address 4160 ASHCROFT COURT, #814  
City-State-Zip: ESTERO FL 33928  
  
Title TREASURER  
Name ERICKSON, TIM  
Address 4292 EAST GLEN COURT  
City-State-Zip: NORTON SHORES MI 49441

Title PRESIDENT  
Name EYCLERS, DON  
Address 4150 GUNNISON COURT # 723  
City-State-Zip: ESTERO FL 33928  
  
Title DIRECTOR  
Name WHITGROVE, BILL  
Address 1403 CORAL BELL DRIVE  
City-State-Zip: JOLIET IL 60435

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: DON EYCLERS**

**PRESIDENT**

**03/07/2015**

Electronic Signature of Signing Officer/Director Detail

Date