

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003569

FILED
Mar 27, 2023
Secretary of State
7203917424CC

Entity Name: WELLINGTON OF LEGENDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
CAPE CORAL, FL 33909

Current Mailing Address:

COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
CAPE CORAL, FL 33909 US

FEI Number: 65-0900746

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMPASS ROSE MANAGEMENT
COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
CAPE CORAL, FL 33909 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: ANASTASIOS TRICAS

03/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name FARRIS, DAVID
Address C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title TREASURER
Name SALLEY, SCOTT
Address C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title PRESIDENT
Name O'CONNOR, KARI
Address C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title VP
Name DRAPEAU, LYN
Address C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name MALFI, ALICE
Address C/O COMPASS ROSE MANAGEMENT
1010 NE 9TH STREET SUITE A
City-State-Zip: CAPE CORAL FL 33909

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: KARI O'CONNOR

PRESIDENT

03/27/2023

Electronic Signature of Signing Officer/Director Detail

Date