


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90077 050 ****61.25

DOCUMENT # 715386
 1. Entity Name
WELLINGTON ARMS, A CONDOMINIUM, INC.



Principal Place of Business
6530 N OCEAN BOULEVARD
OCEAN RIDGE, FL 33435

Mailing Address
6530 N OCEAN BOULEVARD
OCEAN RIDGE, FL 33435

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1267105 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NEMES, ROBERT J
6530 N OCEAN BLVD, #105
OCEAN RIDGE, FL 33435

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DARULA, CALVIN	
STREET ADDRESS	6530 N OCEAN BLVD #307	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEMES, ROBERT S	
STREET ADDRESS	6530 N OCEAN BLVD #105	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	
TITLE	T	<input type="checkbox"/> Delete
NAME	DE LA ROSA, DAVID	
STREET ADDRESS	2681 NW 40TH ST	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	ULTSH, FRANK	
STREET ADDRESS	1897 E TERR DR	
CITY-ST-ZIP	LAKE WORTH, FL 33406	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STON, MARGARET	
STREET ADDRESS	6530 N OCEAN BLVD #304	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME	Bruce Mackintosh	
STREET ADDRESS	6530 N Ocean Blvd #112	
CITY-ST-ZIP	Ocean Ridge FL 33435	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Mackintosh	
STREET ADDRESS	6530 N. Ocean Blvd #112	
CITY-ST-ZIP	Ocean Ridge, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Calein Danila **3/7/07** **561 737793**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #