


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90060 025 \*\*\*\*61.25

<b>DOCUMENT # 715386</b>					
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 #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEMES, ROBERT J 6530 N OCEAN BLVD, #105 OCEAN RIDGE, FL 33435				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARULA, CALVIN			NAME	
STREET ADDRESS	6530 N OCEAN BLVD #307			STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMES, ROBERT S			NAME	
STREET ADDRESS	6530 N OCEAN BLVD #105			STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA ROSA, DAVID			NAME	
STREET ADDRESS	2681 NW 40TH ST			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33434			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULTSH, FRANK			NAME	
STREET ADDRESS	1897 E TERR DR			STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33406			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKINTOSH, BRUCE			NAME	
STREET ADDRESS	6530 N. OCEAN BLVD #112			STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>Frank Ultsh</i>				Date: <i>4-11-08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Day/Date Phone # <i>561-272-2617</i>	