

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715386

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: WELLINGTON ARMS, A CONDOMINIUM, INC.

**Current Principal Place of Business:**

6530 N OCEAN BOULEVARD  
OCEAN RIDGE, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

6530 N OCEAN BOULEVARD  
OCEAN RIDGE, FL 33435

**New Mailing Address:**

FEI Number: 59-1267105      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: DARULA, CALVIN  
Address: 6530 N OCEAN BLVD #307  
City-St-Zip: OCEAN RIDGE, FL 33435

Title: S      ( ) Delete  
Name: NEMES, ROBERT S  
Address: 6530 N OCEAN BLVD #105  
City-St-Zip: OCEAN RIDGE, FL 33435

Title: T      ( ) Delete  
Name: DE LA ROSA, DAVID  
Address: 2681 NW 40TH ST  
City-St-Zip: BOCA RATON, FL 33434

Title: D      ( ) Delete  
Name: ULTSH, FRANK  
Address: 1897 E TERR DR  
City-St-Zip: LAKE WORTH, FL 33406

Title: D      ( ) Delete  
Name: MACKINTOSH, BRUCE  
Address: 6530 N. OCEAN BLVD #112  
City-St-Zip: OCEAN RIDGE, FL 33435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      (X) Change ( ) Addition  
Name: DOLAN, KATHY  
Address: 6530 N OCEAN BLVD #107  
City-St-Zip: OCEAN RIDGE, FL 33435

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: MACKINTOSH, BRUCE  
Address: 6530 N. OCEAN BLVD #112  
City-St-Zip: OCEAN RIDGE, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CALVIN DARULA

P

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date