2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

DOCUMENT # 726391 1. Entity Name WELLINGTON MANOR CONDOMINIUM, INC.				02-27-2006 90057 020	****61.25
Principal Place of Business 8901 NW 38 DR 203	NW 38 DR 211 NW 53RD COURT— ー ギョ 205 — POMPANO BEACH, FL 33		Gan -	MAN HAIN ININ INN MAN ANTH BANK NINI BANK	ELBATI BINGIFTER DE ADDA
2. Principal Place of Business Suite, Apt. #, etc. # 205 City & State	Sharon Carri Condo #2 8901 Hampshi Coral Springs, F	205 re Drive	1	g-NP CR2E037 (11	/05) Applied For
Zip Country	Zip	Country	5. Certificate of Sta	tus Desired	Not Applicable 5 Additional equired
	ELETE	City	Sharon Carri Condo #20 8901 Hampshir oral Springs, F	05 e Drive L 33065	p Code
8. The above named entity submits this statement for the obspose 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 Signature, typed or printed game of registered spent and title if applicable. (NOTE: Registered Agent signature required when reinstaling). DATE					
Filing Fee is \$61.25 9. Election Camp Due by May 1, 2006 Trust Fund Cor			\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10. OFFICERS AND DI IIILE TRAS NAME BILLARD, GREGORY STREET ADDRESS 211 N.W. 53RD COURT DITY-SI-ZIP POMPANO BEACH, FL 33064	PECTORS	11. TIILE NAME STREEI ADDRESS CITY-SI-ZIP	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTO	
ITILE MAME STREET ADDRESS CITY-ST-ZIP COO STREET ADDRESS COO	N & TON Delete (SECRETARY)	TITLE NAME STREET ADDRESS CITY-ST-ZIP		c	hange 🗌 Addition
TITLE TOLUT COLUT NAME STREET ADDRESS 8901 NW 38D. CITY-S1-ZIP 3 CORAL SPRIN	MBE Delete rine, # CoS, FL 33065	TITLE NAME STREET ADDRESS CHY-ST-ZIP			nange 🗋 Addition
TITLE (VO) MARK WIEDU NAME STREET ADDRESS BOOLNW 38 ^C CITY-ST-ZIP CORAL SPR	WILT Delete Aprine 4 1 NBS FL 207	TITLE NAME STREET ADDRESS CITY-ST-ZIP			nange Addition
TITLE (TRESCRE2) NAME MALI REEN AE STREET ADDRESS 9304 NW 80TH CITY-ST-ZIP TAMARAC, FI	BOTI Delete ST. 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP			nange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			nange 🔲 Addition
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: SIGNATURE: SIGNATURE AND TYPED OR DRINKTED NAME OF SIGNING OF JICER OF DIRECTOR. Date Date Date					