2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726532

FILED Jan 21, 2009 Secretary of State

Entity Name: THE WELLINGTON ASSOCIATION OF WINTER HAVEN, INC.

O 1 D	:	of Business					
Current Principal Place of Business: 689 WEST LAKE HOWARD DRIVE				New Principal Place of Business:			
CLUBHOU							
Current Mailing Address:				New Mailing Address:			
689 WEST LAKE HOWARD DRIVE CLUBHOUSE 205 WINTER HAVEN, FL 33880				689 WEST LAKE HOWARD DRIVE NW CLUBHOUSE 205 WINTER HAVEN, FL 33880			
FEI Number:		FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status De	sired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agen	ıt:
JONES, MAUREEN 689 W LAKE HOWARD DR NW 3-D WINTER HAVEN, FL 33880 US				JONES, MAUREEN 689 W LAKE HOWARD DR NW #3-D WINTER HAVEN, FL 33880 US			
The above in the State		ubmits this statement for the p	ourpose o	f changing it	ts registered o	office or registered age	nt, or both,
SIGNATURE: MAUREEN JONES						01/21/2009	
	Electroni	c Signature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MAUREEN, JON	ARD DRIVE, NW #3D		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FREY, BARBARA	ARD DRIVE NW #215		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	CONDON, MARII	ARD DRIVE NW #109		Title: Name: Address: City-St-Zip:	CONDON, MAI	WARD DRIVE NW #109	
Title: Name: Address: City-St-Zip:	CABLE, LLOYD	Delete ARD DR. N.W. #119 , FL 33880		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TILLIS, JOE	Delete ARD DRIVE NW #214 , FL 33880		Title: Name: Address: City-St-Zip:	SCHACH, JOH	WARD DRIVE NW #3-A	
Title: Name: Address: City-St-Zip:	SD () HORAK, BARBAI 689 LAKE HOW/ WINTER HAVEN	ARD DR NW 4-E		Title: Name: Address: City-St-Zip:	WESTFALL, B	WARD DR NW #4-E	

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: MAUREEN JONES PRES 01/21/2009