

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726532

FILED  
Jan 23, 2011  
Secretary of State

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

**Current Principal Place of Business:**

689 LAKE HOWARD DRIVE, NW  
CLUBHOUSE 205  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

689 LAKE HOWARD DRIVE, NW  
CLUBHOUSE 205  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:** 59-2037339

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FREY, BARBARA  
689 LAKE HOWARD DR NW  
CLUBHOUSE 205  
WINTER HAVEN, FL 33880 US

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

SCHACH, JOHN  
689 LAKE HOWARD DR NW  
CLUBHOUSE 205  
WINTER HAVEN, FL 33880 US

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: JOHN SCHACH

01/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SCHACH, JOHN  
Address: 689 LAKE HOWARD DRIVE, NW # 3-A  
City-St-Zip: WINTER HAVEN, FL 33880

Title: VPD  
Name: HILL, GERRY  
Address: 689 LAKE HOWARD DRIVE NW #120  
City-St-Zip: WINTER HAVEN, FL 33880

Title: TD  
Name: JONES, JAMES  
Address: 689 LAKE HOWARD DRIVE NW #107  
City-St-Zip: WINTER HAVEN, FL 33880

Title: SD  
Name: SIMZAK, VIRGINIA  
Address: 689 LAKE HOWARD DR. N.W. #1-F  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D  
Name: ABNEY, JESSIE  
Address: 689 LAKE HOWARD DRIVE NW #127  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D  
Name: WESTFALL, BARBARA  
Address: 689 LAKE HOWARD DR NW #4-E  
City-St-Zip: WINTER HAVEN, FL 33880

I hereby 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 all other like empowered.

SIGNATURE: JOHN SCHACH

PD

01/23/2011

Electronic Signature of Signing Officer or Director

Date