

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 29, 2012
Secretary of State

DOCUMENT# 726532

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:**689 LAKE HOWARD DRIVE, NW
CLUBHOUSE 205
WINTER HAVEN, FL 33880 US**Current Mailing Address:**689 LAKE HOWARD DRIVE, NW
CLUBHOUSE 205
WINTER HAVEN, FL 33880**New Mailing Address:**689 LAKE HOWARD DRIVE NW
CLUBHOUSE 205
WINTER HAVEN, FL 33880 US**FEI Number:** 59-2037339**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHACH, JOHN
689 LAKE HOWARD DR NW
CLUBHOUSE 205
WINTER HAVEN, FL 33880 US**Name and Address of New Registered Agent:**CUYLER, DONNA J
689 LAKE HOWARD DR NW
124
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: DONNA J. CUYLER

06/29/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CUYLER, DONNA J
Address: 689 LAKE HOWARD DRIVE, NW # 124
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: COOK, JUDY
Address: 689 LAKE HOWARD DRIVE NW #106
City-St-Zip: WINTER HAVEN, FL 33880

Title: SD
Name: BRILOWSKI, CHRISTINE
Address: 689 LAKE HOWARD DR. N.W. #213
City-St-Zip: WINTER HAVEN, FL 33880

Title: D
Name: HICKS, JERRY
Address: 689 LAKE HOWARD DRIVE NW #113
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: DONNA J. CUYLER

PRES

06/29/2012

Electronic Signature of Signing Officer or Director

Date