

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90004 004 \*\*\*\*61.25

**DOCUMENT # 730593**

1. Entity Name

WELLINGTON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

383 N ATLANTIC AVENUE  
COCOA BEACH FL 32931

Mailing Address

383 N ATLANTIC AVENUE  
COCOA BEACH FL 32931

40006497



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1553292

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMENT, PHYLLIS  
383 N ATLANTIC AVE  
#401  
COCOA BCH FL 32931

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RUFFALO, ANDREW	
STREET ADDRESS	2075 LEWARD LN	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLER, ALAN	
STREET ADDRESS	383 N ATLANTIC #408	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUGLIELMO, AL	
STREET ADDRESS	383 N. ATLANTIC #304	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	AMENT, PHYLLIS	
STREET ADDRESS	383 N ATLANTIC # 401	
CITY-ST-ZIP	COCOA BCH FL 32431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALBER, JOHN	
STREET ADDRESS	383 N ATLANTIC #505	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD M C TAGGART	
STREET ADDRESS	383 N. ATLANTIC #506	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ANGELA LORENZO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	PO BOX 363	
CITY-ST-ZIP	ARKVILLE N.Y 12406	
TITLE	JOHN DYHOND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	383 N. ATLANTIC #510	
CITY-ST-ZIP	COCOA BEACH FL 32931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-05