

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 732021

1. Entity Name  
WELLINGTON CONDOMINIUM FEDERATION OF  
CENTURY VILLAGE, INC.



Principal Place of Business

467 WELLINGTON J  
W PALM BCH, FL 33417-2509 US

Mailing Address

467 WELLINGTON J  
W PALM BCH, FL 33417-2509 US

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**



01072005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1630594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHUMAN, SIDNEY  
467 WELLINGTON J  
WEST PALM BEACH, FL 33417

**DO NOT WRITE  
IN THIS SPACE**

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

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	FISHERMAN, HELEN
STREET ADDRESS	301 WELLINGTON B
CITY-ST-ZIP	W PALM BEACH, FL 33417
TITLE	VD
NAME	EPHRAIM, MARTIN
STREET ADDRESS	305 WELLINGTON E
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	TD
NAME	WILLIS, BUNNY
STREET ADDRESS	223 WELLINGTON G
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	PD
NAME	VELGOFF, LENORE
STREET ADDRESS	101 WELLINGTON D
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	TD
NAME	SCHUMAN, SIDNEY
STREET ADDRESS	467 WELLINGTON J
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	PD
NAME	BOEHM, ROBERTA
STREET ADDRESS	227 WELLINGTON G
CITY-ST-ZIP	WEST PALM BEACH, FL 33417

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02/18/05-80049-013 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

*Sidney Schuman* 1/14/05 861-683-6322