


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90045 022 ****61.25

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	
2. Principal Place of Business - No P.O. Box # 305 WELLINGTON D Suite, Apt. #, etc.		3. Mailing Address 305 WELLINGTON D Suite, Apt. #, etc.	
City & State W. PALM BEACH		City & State W. PALM BEACH	
Zip 33417		Zip 33417	
Country PALM BEACH		Country PALM BEACH	
4. FEI Number 59-1630594		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHUMAN, SIDNEY 467 WELLINGTON J WEST PALM BEACH, FL 33417		7. Name and Address of New Registered Agent Name GUARNAGIA, DOMENIC Street Address (P.O. Box Number is Not Acceptable) 305 WELLINGTON D W. PALM BEACH, FL 33417	
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 <i>Domenic R. Guarnafia</i> DATE FEB. 10, 2007 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FISHERMAN, HELEN 301 WELLINGTON B W PALM BEACH, FL 33417	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EPHRAIM, MARTIN 305 WELLINGTON E WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIS, BUNNY 223 WELLINGTON G WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELGOFF, LENORE 101 WELLINGTON D WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHUMAN, SIDNEY 467 WELLINGTON J WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOEHM, ROBERTA 227 WELLINGTON G WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TORRES, DAVID 211 WELLINGTON L W. PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUARNAGIA, DOMENIC 305 WELLINGTON D W. PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FROMKIN, ROBERTA 227 WELLINGTON G W. PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <i>Domenic R. Guarnafia</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE FEB. 10, 2007 561-615-5697 <small>Date Daytime Phone #</small>	

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