


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90003 013 ****61.25

DOCUMENT # N01000003550					
1. Entity Name WELLINGTON EQUESTRIAN CLUB SUB HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5030 CHAMPION BLVD SUITE G6-308 BOCA RATON, FL 33496			Mailing Address C/O GRS MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD., SUITE 201 LAKE WORTH, FL 33463		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1105693	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent METZGER, JOHN T 250 AUSTRALIAN AVENUE SOUTH SUITE 700 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name <u>Metzger, John T.</u> Street Address (P.O. Box Number is Not Acceptable) <u>505 S. Flagler Drive</u> <u>Suite 300</u> City <u>West Palm Beach,</u> <u>FL</u> Zip Code <u>33401</u>		
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 			DATE <u>2/26/07</u>		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State			(NOTE: Registered Agent signature required when reinstating)		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALMER, MICHAEL B 158 N.E. 41ST STREET, STE. 109 MIAMI, FL 33137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scher, Gerald J. c/o 5030 Champion Blvd., Suite G6-308 Boca Raton, FL 33496
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Matthews, Douglas 2882 Polo Island Drive Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input 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.					
WELLINGTON EQUESTRIAN CLUB SUB HOMEOWNERS ASSOCIATION, INC.					
SIGNATURE: By: 			Date <u>2/2/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		
Michael B. Palmer, as President					

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