

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003550

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** WELLINGTON EQUESTRIAN CLUB SUB HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12979 VIA CHRISTINA  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

505 S. FLAGLER DR.  
STE. 300  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 65-1105693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

METZGER, JOHN T  
505 S. FLAGLER DRIVE  
SUITE 300  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PALMER, MICHAEL B  
Address: 5030 CHAMPION BLVD, STE. G6-308  
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete  
Name: VAN VUUREN, ANTONY  
Address: 12979 VIA CHRISTINA  
City-St-Zip: WELLINGTON, FL 33414

Title: PD ( ) Delete  
Name: MATTHEWS, DOUGLAS  
Address: 2882 POLO ISLAND DRIVE  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PALMER, MICHAEL B  
Address: 757 SE 17TH STREET, #1201  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: D (X) Change ( ) Addition  
Name: ELLIOTT, STEVE  
Address: 12987 VIA CHRISTINA  
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOUGLAS G. MATTHEWS

PD

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date