

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 07, 2010
Secretary of State

DOCUMENT# N01000008572

Entity Name: WELLINGTON SENIORS CLUB, INC.**Current Principal Place of Business:**1801 CORSICA DR.
WELLINGTON, FL 33414**New Principal Place of Business:****Current Mailing Address:**1801 CORSICA DR.
WELLINGTON, FL 33414**New Mailing Address:****FEI Number:** 80-0026674**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TRAGER, HOWARD L
1801 CORISCA DR
WELLINGTON, FL 33414 US**Name and Address of New Registered Agent:**RUBIN, ESTELLE
1801 CORISCA DR
WELLINGTON, FL 33414 US

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: ESTELLE RUBIN

10/07/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: KAHLER, JOAN
Address: 13691 ISHNALA CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: TREA
Name: RUBIN, ESTELLE
Address: 1801 CORSICA DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: RE/S
Name: ROWE, MARY
Address: 1081 HICKORY TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: CO/S
Name: LOGLISCI, MAE
Address: 3742 PELICAN BAY COURT
City-St-Zip: WELLINGTON, FL 33414

Title: P
Name: ALFALLA, TONY
Address: 10733 LAKE SHORE DRIVE
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: ESTELLE RUBIN

TREA

10/07/2010

Electronic Signature of Signing Officer or Director

Date