

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 10, 2012
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:**RUBIN, ESTELLE
13833 WELLINGTON TRACE RD.,#4
PMB 430
WELLINGTON, FL 33414 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: VP
Name: SPRINGER, JEROME
Address: 815 CARAWAY COURT
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: POWERS, BARBARA
Address: 1024 LAKE BREEZE DRIVE
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

TRES

03/10/2012

Electronic Signature of Signing Officer or Director

Date