2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002763

FILED May 14, 2009 Secretary of State

Entity Name: THE RESIDENCES AT WELLINGTON COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

G.R.S MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33463

CAMPBELL PROPERTY MANAGEMENT 3918 VIA POINCIANA DR

LAKE WORTH, FL 33467

Current Mailing Address:

New Mailing Address:

G.R.S MANAGEMENT ASSOCIATES INC 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33463

CAMPBELL PROPERTY MANAGEMENT 3918 VIA POINCIANA DR

LAKE WORTH, FL 33467

FEI Number: 81-0561354

FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUSH, GEORGE W JR ESQ 3473 ŚE WILLOUGHBY BLVD STUART, FL 34994

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete EWOLDT, ERIC Name: 12297 EQUINE LN Address: City-St-Zip: WELLINGTON, FL 33414

EWOLDT, ERIC Name: Address: 12297 EQUINE LN City-St-Zip: WELLINGTON, FL 33414

Title: TD () Delete SHAMESH, RON Name: Address: 12290 EQUINE LN

Title: (X) Change () Addition

City-St-Zip: WELLINGTON, FL 33414 Name: ZUCKER, JULES Address: 12336 EQUINE LN City-St-Zip: WELLINGTON, FL 33414

Title: () Delete HACKNER, MARK Name: Address: 12300 EQUINE LN City-St-Zip: WELLINGTON, FL 33414 Title: (X) Change () Addition

OWENS, ROBERT Name: 12529 EQUINE LN Address: City-St-Zip: WELLINGTON, FL 33414

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: JULES ZUCKER Ρ 05/14/2009