2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2007
Secretary of State

DOCUMENT# N02000009421

Entity Name: WELLINGTON AT OCOEE HOA, INC.

Current Principal Place of Business:

P.O. BOX 783367
WINTER GARDEN, FL 34778 US

New Principal Place of Business:

2582 SOUTH MAGUIRE RD
318
OCOEE, FL 34761 US

Current Mailing Address:

P.O. BOX 783367
WINTER GARDEN, FL 34778 US

New Mailing Address:

FEI Number: 04-3749869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLOMON, SPENCER
113 DESIREE AURORA ST
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

SOLOMON, SPENCER
14443 PRUNNING WOOD PLACE
WINTER GARDEN, FL 34787 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: SPENCER SOLOMON 02/10/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MASON, DIANA
Address: 1234 STONEWATER CIR
City-St-Zip: CLERMONT, FL 34711

Title: VPD ( ) Delete
Name: COURTERIER, JEFFREY
Address: 2245 STEFANSHIRE AVE
City-St-Zip: CLERMONT, FL 34711

Title: TD ( ) Delete
Name: ORTIZ, BORIS
Address: 2295 STEFANSHIRE AVE
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete
Name: WILSON, PATRICK
Address: 1206 STONEWATER CIR
City-St-Zip: CLERMONT, FL 34711

Title: STD (X) Delete
Name: LANGAN, SUSAN
Address: 1270 STONEWATER CIR.
City-St-Zip: OCOEE, FL 34761

Title: D (X) Delete
Name: COLES, BONNIE
Address: PO BOX 194
City-St-Zip: PLYMOUTH, FL 32768

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LANGAN, SUSAN
Address: 1270 STONEWATER CIR.
City-St-Zip: OCOEE, FL 34761

Title: VPTD (X) Change ( ) Addition
Name: SUBA, SUSAN
Address: 1262 STONEWATER CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: SD (X) Change ( ) Addition
Name: ORTIZ, BORIS
Address: 2295 STEFANSHIRE AVE
City-St-Zip: CLERMONT, FL 34711

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SPENCER SOLOMON RA 02/10/2007
Electronic Signature of Signing Officer or Director Date