2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000009588

1. Entity Name
HOMEOWNERS ASSOCIATION OF WELLINGTON PLACE AT DUNEDIN, INC.

Principal Place of Business	Mailing Address
1177 MAIN STREET, SUITE C DUNEDIN, FL 34698	P.O. BOX 1705 DUNEDIN, FL 34697

U00000578655
01/09/07-80038-002 01:35

01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0933073

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, DENNIS P
1150 CLEVELAND STREET
CLEVELAND, FL 33755

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GEORGE, THOMAS E
STREET ADDRESS	1177 MAIN STREET, SUITE C
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	GEORGE, GRETCHN R
STREET ADDRESS	1177 MAIN STREET, SUITE C
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	D
NAME	FOOTE, SALLY H
STREET ADDRESS	1150 CLEVELAND STREET SUITE 301
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/5/07 727 430-0665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #