


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009588 1. Entity Name HOMEOWNERS ASSOCIATION OF WELLINGTON PLACE AT DUNEDIN, INC.	
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Principal Place of Business 1177 MAIN STREET, SUITE C DUNEDIN, FL 34698	Mailing Address P.O. BOX 1705 DUNEDIN, FL 34697
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 71-0933073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMPSON, DENNIS P 1150 CLEVELAND STREET CLEVELAND, FL 33755

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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 _____ (NOTE: Registered Agent signature required when re-statuting) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000786244 01/17/08-80032-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, THOMAS E 1177 MAIN STREET, SUITE C DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, GRETCHN R 1177 MAIN STREET, SUITE C DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOOTE, SALLY H 1150 CLEVELAND STREET SUITE 301 DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **THOMAS E. LEUNG** **1/14/08 727 430-0050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #