


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000009589	
1. Entity Name HOMEOWNERS ASSOCIATION OF WELLINGTON PLACE TOWNHOUSES, INC.	

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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01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 71-0933084	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent THOMPSON, DENNIS P 1150 CLEVELAND STREET CLEARWATER, FL 33755	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

000000181186
01/14/05-80038-004 150.00

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, GRETCHEN 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 CLEARWATER, FL 33755
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 exemption stated in Section 119.07(3)(i), 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. GEORGE **THOMAS E. GEORGE** 1/12/05 727.774-7946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #