2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009589

FILED Feb 08, 2007 Secretary of State

Entity Name: HOMEOWNERS ASSOCIATION OF WELLINGTON PLACE TOWNHOUSES, INC.

Current Principal Place of Business: New Principal Place of Business:

1177 MAIN STREET 1380 ALTERNATE 19

SUITE C PALM HARBOR, FL 34683 US DUNEDIN, FL 34698

Current Mailing Address: New Mailing Address:

P.O. BOX 1705 1380 ALTERNATE 19

DUNEDIN, FL 34697 PALM HARBOR, FL 34683 US

FEI Number: 71-0933084 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMPSON, DENNIS P

MULLENS, SHARON K

1150 CLEVELAND STREET

1380 ALTERNATE 19

PALMALIAR PROPERTY 34693 LIS

CLEARWATER, FL 33755 US PALM HARBOR, FL 34683 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: SHARON K MULLENS 02/08/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition

 Name:
 GEORGE, THOMAS E
 Name:
 BERMAN, BARBARA

 Address:
 1177 MAIN STREET SUITE C
 Address:
 1380 ALTERNATE 19

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:
 PALM HARBOR, FL 34683 US

Title: D () Delete Title: VP,S (X) Change () Addition

 Name:
 GEORGE, GRETCHEN R
 Name:
 MULLENS, SHARON K

 Address:
 1177 MAIN STREET SUITE C
 Address:
 1380 ALTERNATE 19

 City-St-Zip:
 DUNEDIN, FL 34698
 City-St-Zip:
 PALM HARBOR, FL 34683

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf (X) \ Delete} \qquad \qquad {\sf Title:} \qquad {\sf (\) \ Change \ (\) \ Addition}$

 Name:
 FOOTE, SALLY H
 Name:

 Address:
 1150 CLEVELAND STREET SUITE 301
 Address:

 City-St-Zip:
 CLEARWATER, FL 33755
 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: SHARON K MULLENS VP,S 02/08/2007