

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 27, 2012
Secretary of State

DOCUMENT# N02000009589

Entity Name: HOMEOWNERS ASSOCIATION OF WELLINGTON PLACE TOWNHOUSES, INC.**Current Principal Place of Business:**522 ALTERNATE 19
PALM HARBOR, FL 34683 US**New Principal Place of Business:**611 S. FT. HARRISON AVE.,
#317
CLEARWATER, FL 33756**Current Mailing Address:**522 ALTERNATE 19
PALM HARBOR, FL 34683 US**New Mailing Address:**P.O. BOX 2113
DUNEDIN, FL 34697**FEI Number:** 71-0933084**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MULLENS, SHARON K
522 ALTERNATE 19
PALM HARBOR, FL 34683 US**Name and Address of New Registered Agent:**MARQUES, ANNA
611 S. FT. HARRISON AVE.
SUITE 317
CLEARWATER, FL 33756 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: MARQUES, ANNA

04/27/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR/P
Name: ROSS, COURTNEY
Address: P.O BOX 2113
City-St-Zip: DUNEDIN, FL 34697 US

Title: DRVP
Name: BERMAN, BARBARA
Address: P.O. BOX 2113
City-St-Zip: DUNEDIN, FL 34697

Title: DIR
Name: MULLENS, SHARON K
Address: 522 ALT 19
City-St-Zip: PALM HARBOR, FL 34683 US

Title: S/T
Name: MARQUES, ANNA
Address: P.O. BOX 2113
City-St-Zip: DUNEDIN, FL 34697

I hereby 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 all other like empowered.

SIGNATURE: MARQUES, ANNA

S/T

04/27/2012

Electronic Signature of Signing Officer or Director

Date