

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90123 016 \*\*\*\*61.25

<b>DOCUMENT # N03000003847</b>					
<b>1. Entity Name</b> THE ISLAND CLUB AT WELLINGTON HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> A & G MANAGEMENT, 11360 FORTUNE CIRCLE SUITE E-6A WELLINGTON, FL 33414			<b>Mailing Address</b> C/O A & G MANAGEMENT, 11924 FOREST HILL BL #22-221 WELLINGTON, FL 33414		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>		40081001  	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02252008    Chg-NP    CR2E037 (12/06)	
City & State		City & State		<b>4. FEI Number</b> APPLIED FOR	
Zip		Zip		Country	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  A & G MANAGEMENT SERVICES 11924 FOREST HILL BLVD # 22 PMB 221 WELLINGTON, FL 33414			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL    Zip Code</span>		
<b>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.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>SIGNATURE</b> <i>George Palermo</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> <i>George Palermo</i>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%;"> <i>4/18/08</i>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> SANGER, RENEE M 11924 FOREST HILL BLVD, #22-221 WELLINGTON, FL 33414	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> Renee Sanger Albert 11924 Forest Hill Blvd #22-221 Wellington, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> WILSON, OKHEE 11924 FOREST HILL BLVD, #22-221 WELLINGTON, FL 33414	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> OK-Hee Wilson 11924 Forest Hill Blvd. #22-221 Wellington, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> FRONCZEK, DIANE 11924 FOREST HILL BLVD, #22-221 WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> James Duemig 11924 Forest Hill Blvd. #22-221 Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> Julie Campbell 11924 Forest Hill Blvd #22-221 Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <i>George Palermo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>AGENT</i> <i>4/23/08</i> <i>561-795-3182</i> <small>Date    Daytime Phone #</small>		