

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-01-2006 90006 004 ****61.25

DOCUMENT # N03000006754					
1. Entity Name WELLINGTON VIEW HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3918 VIA POINCIANA DRIVE SUITE #9 LAKE WORTH, FL 33467			Mailing Address 3918 VIA POINCIANA DRIVE SUITE #9 LAKE WORTH, FL 33467		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2428724	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL PROPERTY MANAGEMENT 3918 VIA POINCIANA DRIVE SUITE #9 LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 renaming)					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐			
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE PD PRESIDENT - Director ☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
NAME DONNELLY, MIKE	TITLE VICE PRESIDENT ☐ Change ☒ Addition				
STREET ADDRESS 8519 DILLMAN RD	NAME PFISTER, FRANK				
CITY-ST-ZIP WEST PALM BEACH, FL 33411	STREET ADDRESS 8519 DILLMAN RD				
TITLE VPD ☒ Delete	CITY-ST-ZIP WEST PALM BEACH, FL 33411				
NAME BLUM, RON	TITLE SECRETARY/TREASURER ☐ Change ☐ Addition				
STREET ADDRESS 8519 DILLMAN RD	NAME CHARLTON, RICHARD - Director				
CITY-ST-ZIP WEST PALM BEACH, FL 33411	STREET ADDRESS 8519 DILLMAN RD				
TITLE ☐ Delete	CITY-ST-ZIP WEST PALM BEACH, FL 33411				
NAME ☐ Delete	TITLE ☐ Change ☐ Addition				
STREET ADDRESS ☐ Delete	NAME ☐ Change ☐ Addition				
CITY-ST-ZIP ☐ Delete	STREET ADDRESS ☐ Change ☐ Addition				
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					



ATTACHMENT

06005530

RECEIVED
MAR 13 2006
BY: _____

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

WELLINGTON VIEW HOMEOWNERS ASSOCIATION, INC.
3918 VIA POINCIANA DRIVE
SUITE #9
LAKE WORTH, FL 33467

Subject: WELLINGTON VIEW HOMEOWNERS ASSOCIATION, INC.

Reference Number: N03000006754

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION