

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90100 005 \*\*\*\*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 No P O Box #

3. Mailing Address

Suite, Apt # etc.

Suite Apt # etc

01052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**20-2428724**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL PROPERTY MANAGEMENT  
 3918 VIA POINCIANA DRIVE  
 SUITE #9  
 LAKE WORTH, FL 33467**

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

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME DONNELLY, MIKE  
 STREET ADDRESS 8519 DILLMAN RD  
 CITY ST ZIP WEST PALM BEACH, FL 33411

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY ST ZIP

TITLE STD  Delete  
 NAME CHARLTON, RICHARD  
 STREET ADDRESS 8519 DILLMAN RD  
 CITY ST ZIP WEST PALM BEACH, FL 33411

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY ST ZIP

TITLE VPD  Delete  
 NAME PFISTER, FRED  
 STREET ADDRESS 8519 DILLAN BLVD  
 CITY ST ZIP WEST PALM BEACH, FL 33411

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY ST ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY ST ZIP

TITLE  Change  Addition  
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 CITY ST ZIP

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TITLE  Delete  
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 CITY ST ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY ST ZIP

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07

Daytime Phone #

561-792-3855