2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000006754



1. Entity Nam WELLING		W HOMEOWNE	RS ASSOCIAT	ION, 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			i i i i i i i i i i i i i i i i i i i		18111	# # ### ###############################		
Principal Place of Business - No P.O. Box # 3.			3. Mailing Addre	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01212008 Chg-NP CR2E037 (12/06)					
City & State		City & State			4. FEI Numbe 20-242			<u> </u>	plied For t Applicable	
Zip		Country	Zip	Со	untry	5. Certificate	of Status Desired		8.75 Add	
6. Name and Address of Current Register			t Registered Agent		N	7. Name and	Address of New	Registered A	gent	
CAMPBELL PROPERTY MANAGEMENT 3918 VIA POINCIANA DRIVE SUITE #9					Name Street Addre	ess (P.O. Box Numbe	er is Not Accepta	ble)		
LAKE WORTH, FL 33467					City			FL	Zip Code	' -
	named entity tions of registe	submits this statement lared agent.	for the purpose of cha	inging its register	red office or reg	istered agent, or bot	h, in the State of	Florida. I am ta	amiliar with,	and accept
SIGNATURE										
	Signature, typed o	or printed name of registured ager	nt and title if applicable.	(NOTE: Registere	ea Agent signature rec	quired when reinstating)		DATE		
	Filing Fed	or printed name of registured agur is \$61.25 ay 1, 2008	9. Ele	(NOTE: Registers ction Campaign F st Fund Contribut	Financing	\$5.00 May B Added to Fees	e FI	Make check orida Departi		
10.	Filing Fed Due by M	e is \$61.25	9. Ele Tru HRECTORS	ction Campaign F st Fund Contribut	Financing tion.	\$5.00 May B Added to Fees	ANGES TO DEFIC	Make check orida Depart	ment of St	ate 10
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ordinated on this report or supplemental perfort is five and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee environmental to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like environmental.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phone #

FILED

Feb 08, 2008 8:00 am Secretary of State

02-08-2008 90036 020 ****61.25