2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N03000006754

Entity Name: WELLINGTON VIEW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3918 VIA POINCIANA DRIVE
SUITE #9
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

3918 VIA POINCIANA DRIVE
SUITE #9
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-2428724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ACUN, RON
Address: 5300 W ATLANTIC AVE 300
City-St-Zip: DELRAY BEACH, FL 33484

Title: STD ( ) Delete
Name: COCOW, CLAY
Address: 5300 W ATLANTIC AVE 300
City-St-Zip: DELRAY BEACH, FL 33484

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BLUM, RON
Address: 5300 W ATLANTIC AVE 300
City-St-Zip: DELRAY BEACH, FL 33484

Title: D (X) Change ( ) Addition
Name: CHARLTON, RICHARD
Address: 5300 W ATLANTIC AVE 300
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Change (X) Addition
Name: DECHABERT, ALEX
Address: 5300 W ATLANTIC AVE 300
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD BLUM PD 03/17/2009

Electronic Signature of Signing Officer or Director — Date