

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006843

FILED
May 01, 2009
Secretary of State

Entity Name: WELLINGTON AT MEADOW POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9950 PRINCESS PALM AVENUE
SUITE 115
TAMPA, FL 33619

New Principal Place of Business:

396 ALHAMBRA CIR
SUITE 230
CORAL GABLES, FL 33134

Current Mailing Address:

396 ALHAMBRA CIRCLE
SUITE 230
CORAL GABLES, FL 33134

New Mailing Address:

396 ALHAMBRA CIR
SUITE 230
CORAL GABLES, FL 33134

FEI Number: 20-3108375 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STANLEY, BRYAN J ESQ
114 TURNER STREET
CLEARWATER, FL 33756 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: D () Delete
Name: WILLIAM, VENTO
Address: 9950 PRINCESS PALM AVE, SUITE 115
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: ROBERTS, JAY
Address: 9950 PRINCESS PALM AVENUE, STE 115
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: PALLIN, RAMON
Address: 9950 PRINCESS PALM AVENUE, STE 115
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VENTO, WILLIAM
Address: 396 ALHAMBRA CIR
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: VENTO, PATTY
Address: 396 ALHAMBRA CIR
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: AVILA, RIGO
Address: 396 ALHAMBRA CIR
City-St-Zip: CORAL GABLES, FL 33134

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: WILLIAM VENTO

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date