
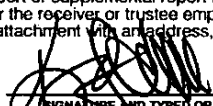


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90209 047 \*\*\*\*70.00

<b>DOCUMENT # N05000008145</b> 1. Entity Name <b>WELLINGTON RESERVE OFFICE PARK PROPERTY OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1037 STATE ROAD 7 SUITE 111 WELLINGTON, FL 33414</b>		Mailing Address <b>P.O. BOX 741269 BOYNTON BEACH, FL 33474 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1035 State Road 7</b> Suite, Apt. #, etc. <b>Suite 316</b> City & State <b>Wellington, FL</b> Zip <b>33414</b> Country <b>USA</b>		3. Mailing Address <b>1035 State Road 7</b> Suite, Apt. #, etc. <b>Suite 316</b> City & State <b>Wellington, FL</b> Zip <b>33414</b> Country <b>USA</b>	
4. FEI Number <b>20-4392414</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		02252008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent <b>WEBB, KENNETH C 1035 STATE RD 7, STE 316 WELLINGTON, FL 33414</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHING, SHIH C <input type="checkbox"/> Delete 1036 STATE RD 7, 316 WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHING, SHIH C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1035 STATE ROAD 7, 316 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLSON, RICHARD W JR <input type="checkbox"/> Delete 2377 CRAWFORD CT. LANTANA, FL 334622511	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLSON, RICHARD W JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2377 CRAWFORD CT. LANTANA, FL 33462-2511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEBB, KENNETH C <input type="checkbox"/> Delete 1036 STATE RD STE 316 WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEBB, KENNETH C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1035 STATE ROAD 7, 316 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b> 		2-26-08 561-791-1637 <small>Date Daytime Phone #</small>	
<small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			