

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90032 017 ****61.25

DOCUMENT # N05000010495					
1. Entity Name WELLINGTON VIEW HOMEOWNERS ASSOCIATION OF CENTRAL FLORIDA, INC.					
Principal Place of Business 1420 S. FLORIDA AVE. LAKELAND, FL 33803			Mailing Address 1420 S. FLORIDA AVE. LAKELAND, FL 33803		
2. Principal Place of Business - No P.O. Box # 5018 Greenbrook Ln		3. Mailing Address P.O. Box 5284			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lakeland FL		City & State Lakeland FL		4. FEI Number 74-3161640	
Zip 33811		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARPER, PAUL SEAN 1420 S. FLORIDA AVE. LAKELAND, FL 33803		7. Name and Address of New Registered Agent Name: Kay E. Ilish Street Address (P.O. Box Number is Not Acceptable): 5018 Greenbrook Ln City: Lakeland FL Zip Code: 33811			
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: DATE: 1-21-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	DP HARPER, ROBERT F. III 1420 S. FLORIDA AVE. LAKELAND, FL 33803 <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Jenelle Pearce 3636 Wellington Place Bartow, FL 33830 <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HARPER, PAUL SEAN 1420 S. FLORIDA AVE. LAKELAND, FL 33803 <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Phil Pearson 3637 Wellington Lane Bartow, FL 33830 <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST STERN, PAUL D. 5902 BRECKENRIDGE PWY, STE. B TAMPA, FL 33610 <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Kent McCroskey 3606 Wellington Place Bartow, FL 33830 <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Ashlei Aycock 3643 Wellington Lane Bartow, FL 33830 <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	IU Sheronda Williamson 3618 Wellington Lane Bartow, FL 33830 <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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:			1-21-08 863 6471739		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		