

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010495

FILED
Mar 03, 2009
Secretary of State

Entity Name: WELLINGTON VIEW HOMEOWNERS ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

5018 GREENBROOK LN
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5284
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 74-3161640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, KAY
5018 GREENBROOK LN
LAKELAND, FL 33811 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: PEARCE, JENELLE
Address: 3636 WELLINGTON PLACE
City-St-Zip: BARTOW, FL 33830

Title: VPD () Delete
Name: PEARSON, PHIL
Address: 3637 WELLINGTON LANE
City-St-Zip: BARTOW, FL 33830

Title: VPD () Delete
Name: MCCROSKEY, KENT
Address: 3606 WELLINGTON PLACE
City-St-Zip: BARTOW, FL 33830

Title: SD () Delete
Name: AYCOCK, ASHLEI
Address: 3643 WELLINGTON LANE
City-St-Zip: BARTOW, FL 33830

Title: TD () Delete
Name: WILLIAMSON, SHERONDA
Address: 3618 WELLINGTON LANE
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: PEARCE, JENELLE
Address: 3636 WELLINGTON PLACE
City-St-Zip: BARTOW, FL 33830

Title: PD (X) Change () Addition
Name: PEARSON, PHIL
Address: 3637 WELLINGTON LANE
City-St-Zip: BARTOW, FL 33830

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PHIL PEARSON

PD

03/03/2009

Electronic Signature of Signing Officer or Director

Date