

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010495

**FILED**  
**May 01, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1011 WILDER RD  
LAKE LAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5284  
LAKE LAND, 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:**

STANZ, DEANNA  
1011 WILDER RD  
LAKE LAND, FL 33809 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: DP  
Name: JONES, DEE DEE  
Address: 3679 WELLINGTON LANE  
City-St-Zip: BARTOW, FL 33830

Title: DS  
Name: NEIL, ROBERT  
Address: 3672 WELLINGTON LANE  
City-St-Zip: BARTOW, FL 33830

Title: DT  
Name: BLESSING, ROBERT  
Address: 3679 WELLINGTON LANE  
City-St-Zip: BARTOW, FL 33830

Title: D  
Name: OSMANI, MAHMUDUL  
Address: 3697 WELLINGTON LANE  
City-St-Zip: BARTOW, FL 33830

I hereby 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 all other like empowered.

SIGNATURE: DEE DEE JONES

P/D

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date