

Apr. 14. 2008 2:41PM KW PROPERTY MANAGEMENT

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90029 003 ****61.25

DOCUMENT # N06000009924			
1. Entity Name WELLINGTON AT MEADOW POINTE CONDOMINIUM NO. 1 ASSOCIATION, INC.			
Principal Place of Business 9950 PRINCESS PALM AVENUE SUITE 115 TAMPA, FL 33619		Mailing Address 9950 PRINCESS PALM AVENUE SUITE 115 TAMPA, FL 33619	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3516 Alhambra Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 230	
City & State		City & State Coral Gables, FL	
Zip	Country	Zip	Country
33134	USA	33134	USA
6. Name and Address of Current Registered Agent STANLEY, BRYAN J 114 TURNER STREET CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLOYD, RANDY 9950 PRINCESS PALM AVENUE, SUITE 115 TAMPA, FL 33619 ☒ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERRIN, RAMON 11030 N. KENDALL DRIVE, SUITE 100 MIAMI, FL 33176 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Vento 9950 Princess Palm Ave Suite 115 Tampa, FL 33619 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBERTS, JAY 9950 PRINCESS PALM AVENUE, SUITE 115 TAMPA, FL 33619 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Perrin, Ramon 11030 N. Kendall Dr. Suite 100 Miami, FL 33176 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 817, 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: _____		4/15/08 305 271-6997	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	