Apr. 14. 2008 2:42PM KW PROPERTY MANAGEMENT

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90029 049 ****61.25

DOCUMENT # N06000009927

1. Entity Name
WELLINGTON AT MEADOW POINTE CONDOMINIUM NO. 2 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9950 PRINCESS PALM AVENUE SUITE 115 TAMPA, FL 33619	9950 PRINCESS PALM AVENUE SUITE 115 TAMPA, FL 33619

04082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 230
City & State	City & State Coral Gables, FL
Zip / Country	Zip 33134 / Country

4. FEI Number 20-3824433 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STANLEY, BRYAN J 114 TURNER STREET CLEARWATER, FL 33756	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLOYD, RANDY 9950 PRINCESS PALM AVENUE, SUITE 115 TAMPA, FL 33619	☒ Delete	D William Vento 9950 Princess Palm Ave, Suite 115 Tampa, FL 33619	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PERRIN, RAMON 11030 N. KENDALL DRIVE, SUITE 100 MIAMI, FL 33176	☒ Delete	VD Perrin, Ramon 11030 N. Kendall Dr. Suite 100 Miami, FL 33176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ROBERTS, JAY 9950 PRINCESS PALM AVENUE, SUITE 115 TAMPA, FL 33619	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 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: _____ 4/15/2008 305-271-6997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #