2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N07258

Entity Name: WELLINGTON G CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

227 WELLINGTON - G
227
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

227 WELLINGTON - G
227
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 59-1623349 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOEHM-FRANKLIN, ROBERTA
227 WELLINGTON - G
WEST PALM BEACH, FL 33417 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: BOEHM-FRONKIN, ROBERTA
Address: 227 WELLINGTON G
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T ( ) Delete
Name: DEMAREST, RALPH
Address: 132 WELLINGTON -G
City-St-Zip: WEST PALM BEACH, FL 33417

Title: V ( ) Delete
Name: LOBOTA, JOHN
Address: 133 WELLINGTON-G
City-St-Zip: WEST PALM BEACH, FL 33417

Title: S ( ) Delete
Name: MILLS, LEE
Address: 426 WELLINGTON -G
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RALPH DEMAREST TREA 01/23/2009

Electronic Signature of Signing Officer or Director — Date