2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2005 8:00 am
Secretary of State
07-27-2005 90050 046 ****75.50

DOCUMENT # N14257

1. Entity Name

WELLINGTON PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13457 FOUTAIN VIEW BLVD WELLINGTON FL 33414 US	MAIL BOX 146 11924 FOREST HILL BLVD WELLINGTON FL 33414 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0048133 ☐ 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
UCCELLO, EMANUEL P. 13457 FOUNTAIN VIEW BLVD. WELLINGTON FL 33414	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 Emanuel P Uccello 7/19/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	PTD UCCELLO, EMANUEL P. 13457 FOUNTAIN VIEW BLVD. WELLINGTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BELVISO, VINCENT 13415 FOUNTAIN V IEW BLVD. WELLINGTON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERNESTO ZAVALIA 13467 FOUNTAIN VIEW BLVD WELLINGTON, FL 33414 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OZOROW, ELAINE 13524 FOUNTAINVIEW BLVD WELLINGTONG FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDD SHAW, PHILIP 13488 FOUNTAIN VIEW BLVD. WELLINGTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOCCINARDI, MIKE 13508 FOUNTAINVIEW BLVD WELLINGTONG FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERRIZZI, ANGELO 13503 FOUNTAINBLEAU BLVD WWELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ANGELO TERRIZZI 13503 FOUNTAIN VIE BLVD WELLINGTON, FL. 33414 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Emanuel P Uccello 7/19/05 561-790-5543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #