

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90123 014 \*\*\*\*61.25

|                                                                        |                                                                                   |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N14257</b>                                               |  |
| 1. Entity Name<br><b>WELLINGTON PLACE HOMEOWNERS ASSOCIATION, INC.</b> |                                                                                   |

|                                                                                            |                                                                                               |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>13457 FOUNTAIN VIEW BLVD<br/>WELLINGTON, FL 33414 US</b> | Mailing Address<br><b>MAIL BOX 146<br/>11924 FOREST HILL BLVD<br/>WELLINGTON, FL 33414 US</b> |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

|                                                                            |                                                               |
|----------------------------------------------------------------------------|---------------------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>11360 Fortune Cir</b> | 3. Mailing Address<br><b>40 A G Management</b>                |
| Suite, Apt. #, etc.<br><b># E-6A</b>                                       | Suite, Apt. #, etc.<br><b>11924 Forest Hill Blvd. #22-221</b> |
| City & State<br><b>Wellington, FL</b>                                      | City & State<br><b>Wellington, FL</b>                         |
| Zip<br><b>33414</b>                                                        | Country<br><b>U.S.A.</b>                                      |

03192008 Chg-NP CR2E037 (12/06)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0048133</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>UCCELLO, EMANUEL P.<br/>13457 FOUNTAIN VIEW BLVD.<br/>WELLINGTON, FL 33414</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                               |                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 7. Name and Address of New Registered Agent<br>Name <b>A G Management Svcs.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11924 Forest Hill Blvd.<br/>#22-221</b><br>City <b>Wellington</b> FL <b>33414</b> |                                                                                                  |
| 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 <b>GEORGE I PAKERHO</b><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                             | DATE <b>3-19-08</b><br><small>(NOTE: Registered Agent signature required when resigning)</small> |

|                                                     |                                                                                                                        |                                                              |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                            |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>UCCELLO, EMANUEL P.<br>13457 FOUNTAIN VIEW BLVD.<br>WELLINGTON, FL <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP Mike Tuccinardi<br>11924 Forest Hill Blvd. #22-221<br>Wellington, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ZAVALLA, ERNEST<br>13467 FOUNTAIN VIEW BLVD<br>WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DVP LAURA PEPPARD<br>11924 Forest Hill Blvd. #22-221<br>Wellington, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>OZOROW, ELAINE<br>13524 FOUNTAINVIEW BLVD<br>WELLINGTON, FL 33414 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TDD<br>SHAW, PHILIP<br>13488 FOUNTAIN VIEW BLVD.<br>WELLINGTON, FL <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D Phil Shaw<br>11924 Forest Hill Blvd. #22-221<br>Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>TUCCINARDI, MIKE<br>13508 FOUNTAIN VIEW<br>WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D LOUIS BARTOLOMEO<br>11924 Forest Hill Blvd. #22-221<br>Wellington, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DIEM, DENNIS<br>13489 FOUNTAIN VIEW BLVD<br>WELLINGTON, FL 33414 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DT DENISE MCCOSH<br>11924 Forest Hill Blvd. #22-221<br>Wellington, FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <b>Mike Tuccinardi</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <b>3/19/08</b><br><small>Date</small> | Daytime Phone <b>795-3182</b><br><small>Daytime Phone</small> |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------|