


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90010 034 ****61.25

DOCUMENT # N17376 1. Entity Name WELLINGTON H CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business WELLINGTON H 244 WST PALM BEACH FL 33417			Mailing Address WELLINGTON H 244 WST PALM BEACH FL 33417		
2. Principal Place of Business - No P.O. Box # WELLINGTON H CONDO Suite, Apt. #, etc. #453		3. Mailing Address WELLINGTON H CONDO Suite, Apt. #, etc. #453			
City & State W. PALM BEACH, FL		City & State W. PALM BEACH, FL		4. FEI Number 59-1586380	
Zip 33417		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHERMAN, SIDNEY 244 WELLINGTON H WEST PALM BCH FL 33417			7. Name and Address of New Registered Agent Name NANGANO, MARY Street Address (P.O. Box Number is Not Acceptable) 453 WELLINGTON H City WEST PALM BEACH FL Zip Code 33417		
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 <u>Mary Nangano</u> DATE <u>2/6/08</u> <small>Signature, typed or printed name of registered agent and this is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SHERMAN, SIDNEY 244 WELLINGTON H WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STROUP, STEVEN 241 WELLINGTON H WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHERMAN, SIDNEY 244 WELLINGTON H WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, SIDNEY 244 WELLINGTON H WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STROUP, STEVEN 241 WELLINGTON H WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NANGANO, MARY 453 WELLINGTON H WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ISAACS, BRUCE 149 WELLINGTON H WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREENBLAT, MAYNARD 450 WELLINGTON H WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: MARY NANGANO Mary Nangano 2/6/08 (561) 616-0940