

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90305 030 ****61.25

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03062006 Chg-NP CR2E037 (11/05)

DOCUMENT # N17462 1. Entity Name WELLINGTON LAKES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O CMC MANAGEMENT 2994 JOG RD. STE B GREEN ACRES, FL 33467 US		Mailing Address C/O CMC MANAGEMENT 2994 JOG RD. STE B GREEN ACRES, FL 33467 US	
2. Principal Place of Business WELLINGTON MANAGEMENT Suite, Apt. #, etc. 3461-B FAIRLANE FARMS RD City & State WELLINGTON, FL Zip 33414 Country USA		3. Mailing Address WELLINGTON MANAGEMENT Suite, Apt. #, etc. 3461-B FAIRLANE FARMS RD City & State WELLINGTON FL Zip 33414 Country USA	
4. FEI Number 59-2819919		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERRISH, SCOT CMC MANAGEMENT 2994 JOG ROAD, SUITE B GREEN ACRES, FL 33467		7. Name and Address of New Registered Agent Name NEWSOME, JOHN Street Address (P.O. Box Number is Not Acceptable) WELLINGTON MANAGEMENT INC 3461-B FAIRLANE FARMS RD City WELLINGTON FL Zip Code 33414	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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	P GOOD, SARAH 1888 CAPESEIDE CIRCLE WELLINGTON, FL 33414 <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	S GRADDON, QUENTIN 12541 SHORESIDE LN WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRONAN, DAVID 1738 HARBORSIDE CIRCLE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICK, WILLIAM 1700 PIERSEIDE CIRCLE WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUNN, SUE 1715 SHORESIDE CIRCLE WELLINGTON, FL 33414 <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	S/D FRANCIS, WILLIAM 1828 CAPESEIDE CIRCLE 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: <i>William T. Dick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		WILLIAM T. DICK PRESIDENT 4/3/06 <small>Date Daytime Phone #</small>	