


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90028 013 \*\*\*\*61.25

<b>DOCUMENT # N17462</b> 1. Entity Name <b>WELLINGTON LAKES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>WELLINGTON MANAGEMENT 3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414 US</b>			Mailing Address <b>WELLINGTON MANAGEMENT 3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NEWSOME, JOHN WELLINGTON MANAGEMENT, INC 3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRADDON, QUENTIN		NAME		
STREET ADDRESS	12541 SHORESIDE LN		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRONAN, DAVID		NAME		
STREET ADDRESS	1738 HARBORSIDE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	<del>PD</del>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICK, WILLIAM		NAME	<b>SECRETARY WILLIAM DICK</b>	
STREET ADDRESS	1700 PIER SIDE CIRCLE		STREET ADDRESS	<b>1700 PIER SIDE CIR.</b>	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>	
TITLE	<del>SB</del>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCIS, WILLIAM		NAME	<b>PRES WILLIAM FRANCIS</b>	
STREET ADDRESS	1828 CAPESIDE CIRCLE		STREET ADDRESS	<b>1828 CAPESIDE CIR.</b>	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARVEY, STEVEN		NAME		
STREET ADDRESS	12551 SHORESIDE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARY, ROBERT		NAME		
STREET ADDRESS	1823 CAPESIDE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>1/22/08</b> 561-795-2267 <small>Daytime Phone #</small>		