2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-27-2008 90041 013 *****61.25 N18308

FILED

1. Entity Name WELLINGTON D CONDOMINIUM ASSOCIATION, INC.					EUI	MAY 29 PH : ALIANT OF S AHASSEE, FL	TATE	
Principal Plac LENORE VEL 101 WELLING WEST PALM	COFF	Mailing Address LENORE VELCOFF 101 WELLINGTON D WEST PALM BEACH, FL	. 33417 US .					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			44.41			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232008 Ch	ng-NP	CR2E037 (12/06)		
City & Stat	9	City & State		4. FEI Number 59–160584	9		Applied For lot Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	stus Desired	S8.75 Ac		
	6, Name and Address of Current	Registered Agent		7. Name and Add	ress of New R	Registered Agent		
VELCOFF, LENORE 101 WELLINGTON D WEST PALM BEACH, FL 33417			Name Street Addre	Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Co	de	
	named entity submits this statement fa	or the purpose of changing its	registered office or regi	istered agent, or both, in t	the State of Flo	orida. I am familiar with	and accept	
SIGNATURE :	Signature, typed or printed name of registered agent	t and tide # applicable. (NOTE	E: Registered Agent signature req	pured when reinstating)		DATE	 .	
SIGNATURE		 	mpaign Financing	\$5.00 May Be Added to Fees		DATE lake check peyable rida Department of S		
SIGNATURE	Filling Fee in \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Can Trust Fund C	mpaign Financing	\$5.00 May Be Added to Fees	Flor	lake check payable	State	
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10. TITLE NAME STREET ADDRESS CITY-S1-2P	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI SD KATZ, BARBARA 114 WELLINGTON DRIVE WEST PALM BEACH, FL	9. Election Can Trust Fund C IRECTORS	mpaign Financing Contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Flor S TO OFFICE IN L - TO ON D	lake check payable rida Department of S	N 10	
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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 as address, with all other like empowered.

SIGNATURE:

SIGNATURE

SUBMATURE AND TYPED OR PRINTED DAME OF FICER OR DIRECTOR

DESCRIPTION OF FIGURE OR DIRECTOR

DESCRIPTION OR DIRECTOR