2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N18308

Entity Name: WELLINGTON D CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

LENORE VELCOFF
101 WELLINGTON D
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

LENORE VELCOFF
101 WELLINGTON D
WEST PALM BEACH, FL 33417 US

New Mailing Address:

FEI Number: 59-1605849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VELCOFF, LENORE
101 WELLINGTON D
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: KATZ, BARBARA
Address: 114 WELLINGTON DRIVE
City-St-Zip: WEST PALM BEACH, FL

Title: VPD ( ) Delete
Name: LUTZ, CHARLES
Address: 214 WELLINGTON D
City-St-Zip: WEST PALM BEACH, FL

Title: P ( ) Delete
Name: VELCOFF, LENORE
Address: 101 WELLINGTON D
City-St-Zip: WEST PALM BEACH, FL

Title: T ( ) Delete
Name: FRIEDMAN, ALINE
Address: 105 WELLINGTON DR
City-St-Zip: WEST PALM BEACH, FL 33417

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: KATZ, BARBARA
Address: 114 WELLINGTON D
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VPD (X) Change ( ) Addition
Name: LUTZ, CHARLES
Address: 214 WELLINGTON D
City-St-Zip: WEST PALM BEACH, FL 33417

Title: P (X) Change ( ) Addition
Name: VELCOFF, LENORE
Address: 101 WELLINGTON D
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T (X) Change ( ) Addition
Name: FRIEDMAN, ALINE
Address: 105 WELLINGTON D
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VPD ( ) Change (X) Addition
Name: ZOLLER, BERNICE
Address: 310 WELLINGTON D
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENORE VELCOFF PRES 01/05/2009

Electronic Signature of Signing Officer or Director — Date