

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18308

FILED
Jan 07, 2010
Secretary of State

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: 59-1605847

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
Name: KATZ, BARBARA
Address: 114 WELLINGTON D
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VPD
Name: LUTZ, CHARLES VELCOFF
Address: 214 WELLINGTON D
City-St-Zip: WEST PALM BEACH, FL 33417

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LENORE VELCOFF

P

01/07/2010

Electronic Signature of Signing Officer or Director

Date