

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90018 029 \*\*\*\*61.25

<b>DOCUMENT # N18354</b> 1. Entity Name <b>WELLINGTON F CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>104 WELLINGTON F WEST PALM BEACH, FL 33417</b>			Mailing Address <b>104 WELLINGTON F WEST PALM BEACH, FL 33417 US</b>		
2. Principal Place of Business <b>201 WELLINGTON F</b>		3. Mailing Address <b>201 WELLINGTON F</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>WEST PALM BEACH, FL.</b>		City & State <b>WEST PALM BEACH, FL</b>		4. FEI Number <b>59-1605767</b>	
Zip <b>33417</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MANDELL, ELANINE WELLINGTON F #104 WEST PALM BEACH, FL 33417</b>		7. Name and Address of New Registered Agent Name <b>BUMMOLO, WENDY</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 WELLINGTON F</b> City <b>WEST PALM BEACH, FL</b> Zip Code <b>33417</b>			
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 <b>WENDY BUMMOLO TREASURER</b> <b>3/16/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRIGEST, GLORIA 302 WELLINGTON F WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOHNE, BELLE 208 WELLINGTON F WEST PALM BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANDELL, ELAINE WELLINGTON #104 WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENFIELD, AMIE 308 WELLINGTON F WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOMMOLO, SAL 201 WELLINGTON F WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBER, HY 306 WELLINGTON F WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BUMMOLO, WENDY 201 WELLINGTON F WEST PALM BEACH, FL. 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D COHEN, MARIANNE 210 WELLINGTON F WEST PALM BEACH, FL. 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPERN, JULIUS 206 WELLINGTON, F WEST PALM BEACH, FL. 33417	<input checked="" type="checkbox"/> Change <input 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.					
<b>SIGNATURE:</b> <b>Wendy BummoLO</b> <b>3/16/06</b> <b>561-682-1801</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					