


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90012 047 ****61.25

DOCUMENT # N18354			
1. Entity Name WELLINGTON F CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 201 WELLINGTON F WEST PALM BEACH FL 33417		Mailing Address 201 WELLINGTON F WEST PALM BEACH FL 33417 US	
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	Country
6. Name and Address of Current Registered Agent BUMMOLO, WENDY 201 WELLINGTON F WEST PALM BEACH FL 33417		7. Name and Address of New Registered Agent Name GLORIA KRIGEST Street Address (P.O. Box Number is Not Acceptable) 302 WELLINGTON F City West Palm Beach FL Zip Code 33417	
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 <i>Gloria Krigest</i> <small>Signature, typed or printed name of registered agent and is not applicable.</small>		DATE 2/13/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD BUMMOLO, WENDY 201 WELLINGTON F WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIR ALFONSO HERNANDEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 205 WELLINGTON F West Palm Beach, FL 33417
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD COHEN, MARIANNE 210 WELLINGTON F WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input 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"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIR HY WEBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 306 WELLINGTON F WEST Palm Beach FL 33417

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Gloria Krigest* **2/13/07** **561-478-0336**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #