

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90074 050 ****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**

50001375



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

302 WELLINGTON F

Suite, Apt. #, etc.

302 WELLINGTON F

03112008

Chg-NP

CR2E037 (12/06)

City & State

West Palm Beach, FL

City & State

West Palm Beach FL

4. FEI Number
59-1605767

Applied For

Not Applicable

Zip

33417

Country

Palm Bch

Zip

33417

Country

Palm Bch

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRIGEST, GLORIA
302 WELLINGTON F
WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, _____

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KRIGEST, GLORIA**
STREET ADDRESS **302 WELLINGTON F**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **VPD** ☐ Delete
NAME **SOHNE, BELLE**
STREET ADDRESS **208 WELLINGTON F**
CITY-ST-ZIP **WEST PALM BEACH, FL**

TITLE **TD** ☒ Delete
NAME **HERNANDEZ, ALFONSO**
STREET ADDRESS **205 WELLINGTON F**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **SD** ☒ Delete
NAME **COHEN, MARIANNE**
STREET ADDRESS **210 WELLINGTON F**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **VD** ☐ Delete
NAME **BOMMOLO, SAL**
STREET ADDRESS **201 WELLINGTON F**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **D** ☐ Delete
NAME **WEBER, HY**
STREET ADDRESS **306 WELLINGTON F**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **DORIS SINGER**
STREET ADDRESS **209 Wellington F**
CITY-ST-ZIP **West Palm Bch, FL 33417**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **KRIGEST, Jordana**
STREET ADDRESS **302 Wellington F**
CITY-ST-ZIP **West Palm Bch, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Gloria Krigest

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-08

Date

561-478-0336

Daytime Phone #