

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18354

FILED
Mar 01, 2009
Secretary of State

Entity Name: WELLINGTON F CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

302 WELLINGTON F
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

302 WELLINGTON F
WEST PALM BEACH, FL 33417 US

New Mailing Address:

FEI Number: 59-1605767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRIGEST, GLORIA
302 WELLINGTON F
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: P () Delete
Name: KRIGEST, GLORIA
Address: 302 WELLINGTON F
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VPD () Delete
Name: SOHNE, BELLE
Address: 208 WELLINGTON F
City-St-Zip: WEST PALM BEACH, FL

Title: T () Delete
Name: SINGER, DORIS
Address: 209 WELLINGTON F
City-St-Zip: WEST PALM BEACH, FL 33417

Title: S () Delete
Name: JORDAN, KRIGEST
Address: 302 WELLINGTON F
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VD () Delete
Name: BOMMOLO, SAL
Address: 201 WELLINGTON F
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: WEBER, HY
Address: 306 WELLINGTON F
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: SOHNEN, BELLE
Address: 208 WELLINGTON F
City-St-Zip: WEST PALM BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KRIGEST, JORDAN
Address: 302 WELLINGTON F
City-St-Zip: WPB, FL 33417 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GLORIA KRIGEST

PRES

03/01/2009

Electronic Signature of Signing Officer or Director

Date