

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18354

**FILED**  
**Mar 18, 2010**  
**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:**

302 WELLINGTON F  
WEST PALM BEACH, FL 33417 US

**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  
Name: KRIGEST, GLORIA  
Address: 302 WELLINGTON F  
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VP  
Name: SOHNEN, BELLE  
Address: 208 WELLINGTON F  
City-St-Zip: WEST PALM BEACH, FL 33417 US

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

Title: AT  
Name: BUMMOLO, SAL  
Address: 201 WELLINGTON F  
City-St-Zip: WEST PALM BEACH, FL 33417 US

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: GALE CORONA

MS

03/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date