


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90161 041 \*\*\*\*61.25

<b>DOCUMENT # N18714</b> 1. Entity Name <b>WELLINGTON A CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 114 WELLINGTON A, APT 114 WEST PALM BEACH, FL 33417			Mailing Address 114 WELLINGTON A, APT 114 SUITE 311 WEST PALM BEACH, FL 33417		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1626252</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHINDLER, HERBERT DR 114 WELLINGTON A WEST PALM BEACH, FL 33417				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <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</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
				<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOENFELD, SANDRA 311 WELLINGTON A WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER, DIRECTOR MARLENE SCHNITZER 308 WELLINGTON A WEST PALM BEACH, FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KREMBERG, ADELE 106 WELLINGTON A WEST PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KREMBERG, ADELE 106 WELLINGTON A WEST PALM BEACH, FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHINDLER, HERBERT DR 114 WELLINGTON A WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT, DIRECTOR SCHOR, ESTHER 202 WELLINGTON A WEST PALM BEACH, FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZEDONER, EDITH 207 WELLINGTON A WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WEILER, RAY 204 WELLINGTON A WEST PALM BEACH, FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HAIM RIBAK, HAIM 308 WELLINGTON A WEST PALM BEACH, FL 33417	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;">Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARX, MARJORIE 306 WELLINGTON A WEST PALM BEACH, FL 33417	
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: <u>Dr. Herbert Schindler, Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/22/07 561-643-4901 <small>Date Daytime Phone #</small>		