

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90082 009 ****61.25

DOCUMENT # N19444 1. Entity Name WELLINGTON J CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 365 WELLINGTON J 365 WEST PALM BEACH, FL 33417 US			Mailing Address 365 WELLINGTON J 365 WEST PALM BEACH, FL 33417 US			
2. Principal Place of Business - No P.O. Box # 266 WELLINGTON J Suite, Apt. #, etc. 266		3. Mailing Address 266 WELLINGTON J Suite, Apt. #, etc. 266				
City & State WEST PALM BEACH FL		City & State WEST PALM BEACH FL		4. FEI Number NOT APPLICABLE		
Zip 33417	Country U.S.	Zip 33417	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent EIFERMAN, MILTON D 365 WELLINGTON J WEST PALM BEACH, FL 33417				7. Name and Address of New Registered Agent Name JOHN FORD Street Address (P.O. Box Number is Not Acceptable) 266 WELLINGTON J 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 1/17/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing 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 PD NAME EIFERMAN, MILTON D STREET ADDRESS 365 WELLINGTON J CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete			TITLE VPD NAME KNECHT THERESA STREET ADDRESS 460 WELLINGTON J CITY-ST-ZIP WEST PALM BEACH FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME SCHUMAN, SIDNEY STREET ADDRESS 467 WELLINGTON J CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete			TITLE D NAME SCHUMAN SIDNEY STREET ADDRESS 467 WELLINGTON J CITY-ST-ZIP WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FORD, JOHN STREET ADDRESS 266 WELLINGTON J CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete			TITLE PD NAME FORD JOHN STREET ADDRESS 266 WELLINGTON J CITY-ST-ZIP WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HUME, MARGARET STREET ADDRESS 473 WELLINGTON J CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME FRANK, JACK STREET ADDRESS 470 WELLINGTON J CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME RUDERMAN, MARTIN STREET ADDRESS 464 WELLINGTON J CITY-ST-ZIP WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:				1/17/07 687-0556		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		