2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007
Secretary of State

DOCUMENT# N19685

Entity Name: WELLINGTON E CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

310 WELLINGTON E
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

310 WELLINGTON E
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 59-1660935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SUTOFSKY, GERALD
310 WELLINGTON E
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: TD ( ) Delete
Name: SHOVELTON, CAROLL
Address: 307 WELLINGTON E
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VD ( ) Delete
Name: LEVY, M.R. DR
Address: 209 WELLINGTON E
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SD ( ) Delete
Name: LIVINGSTON, MONA
Address: 109 WELLINGTON E
City-St-Zip: WEST PALM BEACH, FL 33417

Title: PD ( ) Delete
Name: SUTOFSKY, GERALD
Address: 310 WELLINGTON E
City-St-Zip: WEST PALM BEACH, FL 33417

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: LIVINGSTON, MONA
Address: 309 WELLINGTON E
City-St-Zip: WEST PALM BEACH, FL 33417

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

Title: VD ( ) Change (X) Addition
Name: EPHRAIM, MARTIN
Address: 305 WELLINGTON E
City-St-Zip: WEST PALM BEACH, FL 33417

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: GERALD SUTOFSKY PD 07/02/2007

Electronic Signature of Signing Officer or Director — Date