


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90045 032 \*\*\*\*61.25

<b>DOCUMENT # N19818</b> 1. Entity Name <b>WELLINGTON C CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O RALPH CARFAGNO WELLINGTON C CONDO ASSOC 106 WEST PALM BEACH, FL 33417 US</b>			Mailing Address <b>SEACREST SERVICES INC. 2400 CENTRE PARK W DR., STE. 175 WEST PALM BEACH, FL 33409 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1609815</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CARFAGNO, RALPH J 314 WELLINGTON "C" WEST PALM BEACH, FL 33417</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to 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	PD FISHMAN, JUNE 113 WELLINGTON C WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUBIO, FERNANDO 207 WELLINGTON C WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAPONARO, JOE 109 WELLINGTON C WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHMAN, JUNE 113 WELLINGTON C WEST PALM BEACH, FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPODECK, BARBARA 312 WELLINGTON C WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARFAGNO, RALPH 314 WELLINGTON C WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABINOWITZ, ARNOLD 101 WELLINGTON C WEST PALM BCH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOBELMAN, BETTY 210 WELLINGTON C WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>Ralph J. Carfagno</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>2/8/06 (561) 478-2807</u> <small>Date Daytime Phone #</small>		