


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90070 004 ****61.25

DOCUMENT # N19818 1. Entity Name WELLINGTON C CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O RALPH CARFAGNO WELLINGTON C CONDO ASSOC 106 WEST PALM BEACH, FL 33417 US			Mailing Address SEACREST SERVICES INC. 2400 CENTRE PARK W DR., STE. 175 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CARFAGNO, RALPH J 314 WELLINGTON "C" WEST PALM BEACH, FL 33417				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <u>Ralph Carfagno, Treas.</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <u>3/28/07</u> <small>DATE</small> </div> </div>					
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	
<div style="text-align: right;"> Make check payable to Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUBIO, FERNANDO 207 WELLINGTON C WEST PALM BEACH, FL 33417 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sam Kerper 201 Wellington C West Palm Beach FL 33417 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISHMAN, JUNE 113 WELLINGTON C WEST PALM BEACH, FL 33417 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Olivia Shaffer 305 Wellington C West Palm Beach FL 33417 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPODECK, BARBARA 312 WELLINGTON C WEST PALM BEACH, FL 33417 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jean Siegel 106 Wellington C West Palm Beach FL 33417 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CARFAGNO, RALPH 314 WELLINGTON C WEST PALM BEACH, FL 33417 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Joe Sapanaro 109 Wellington C West Palm Beach FL 33417 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RABINOWITZ, ARNOLD 101 WELLINGTON C WEST PALM BCH, FL 33417 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SOBELMAN, BETTY 210 WELLINGTON C WEST PALM BEACH, FL 33417 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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>Ralph Carfagno</u> RALPH CARFAGNO <u>3/28/07 (561) 478-2807</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="display: flex; justify-content: space-between;"> <small>Date</small> <small>Daytime Phone</small> </div>					

20000073



03202007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1609815

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**