

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19818

FILED
Mar 31, 2011
Secretary of State

Entity Name: WELLINGTON C CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

305 WELLINGTON C
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

WELLINGTON C C/O SEACREST SERVICES INC.
2400 CENTREPARK W DR #175
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 59-1609815 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHAFFER, OLIVIA
305 WELLINGTON C
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: VP
Name: SIEGEL, IVENS
Address: 106 WELLINGTON C
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: P
Name: SAPONARO, JOSEPH A
Address: 109 WELLINGTON C
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: T
Name: SHAFFER, OLIVIA
Address: 305 WELLINGTON C
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D
Name: GATTUSO, BARBARA
Address: 313 WELLINGTON C
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D
Name: RUBENSTEIN, HY
Address: 205 WELLINGTON C
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S
Name: POST, FRAN
Address: WELLINGTON C
City-St-Zip: WEST PALM BEACH, FL 33417 US

I hereby 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 all other like empowered.

SIGNATURE: SUSAN HASSETT

MGRM

03/31/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date