



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90085 035 ****61.25

DOCUMENT # N27553 1. Entity Name WELLINGTON COUNTRYPLACE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 12300 SOUTH SHORE BLVD. SUITE 210 WELLINGTON, FL 33414 US			Mailing Address 12300 SOUTH SHORE BLVD. SUITE 210 WELLINGTON, FL 33414 US		
2. Principal Place of Business - No P.O. Box # 3401 Equestrian Club Road		3. Mailing Address 3401 Equestrian Club Road		400000000 	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Wellington, FL		City & State Wellington, FL			
Zip 33414	Country US	Zip 33414	Country US	4. FEI Number 65-0071931	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NELSON, MICHAEL H 12300 SOUTH SHORE BLVD. SUITE 210 WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name Daniel Doorakian Street Address (P.O. Box Number is Not Acceptable) c/o Moyle, Flanigan, et al, 625 N Flagler Dr., 9th FL City West Palm Beach FL Zip Code 33401	
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 <u><i>Daniel Doorakian</i></u> Daniel Doorakian <u>1/30/07</u> <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 NAME STREET ADDRESS CITY-ST-ZIP	PD STRAUB, GLENN F 11198 POLO CLUB RD WELLINGTON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mark J. Bellissimo 12995 Via Christina Road, Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKINNER, HAROLD 11198 POLO CLUB RD. WEST PALM BEACH, FL 33414	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dennis Dammeman 2954 Hurlingham Dr., Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPANNO, SAL V 11198 POLO CLUB RD WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Roger Smith 3630 Jappeloup Lane, Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 <u><i>Mark J. Bellissimo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Mark J. Bellissimo, President <u>1/30/07</u> <small>Date Daytime Phone #</small>		