


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90007 002 \*\*\*\*61.25

<b>DOCUMENT # N27972</b>	
1. Entity Name <b>WATERWAY COVE OF WELLINGTON HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>ASSOC. PROP. MGMT 1928 LAKE WORTH RD. LAKE WORTH, FL 33461</b>	Mailing Address <b>ASSOC. PROP. MGMT 1928 LAKE WORTH RD. LAKE WORTH, FL 33461</b>
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2. Principal Place of Business - No P.O. Box # <b>Wellington Management Inc</b>	3. Mailing Address <b>Wellington Management</b>
Suite, Apt. #, etc. <b>3461-B Fairlane Farms Rd</b>	Suite, Apt. #, etc. <b>3461-B Fairlane Farms Rd</b>
City & State <b>Wellington FL</b>	City & State <b>Wellington FL</b>
Zip <b>33414</b>	Country <b>USA</b>

01282008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0135280</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MATH, JOHN R. OWNER  
ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH ROAD  
LAKE WORTH, FL 33461**

**7. Name and Address of New Registered Agent**

Name **John Newsome**  
Street Address (P.O. Box Number is Not Acceptable)  
**Wellington Management Inc**  
**3461-B Fairlane Farms Rd**  
City **Wellington** FL **33470**

8. The above named entity admits 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BRYANT, PATRICIA</b>	
STREET ADDRESS <b>1260 WATERWAY COVE DR</b>	
CITY-ST-ZIP <b>WELLINGTON, FL 33414</b>	
TITLE <b>ST President</b>	<input type="checkbox"/> Delete
NAME <b>ROBERTS, SHERRY</b>	
STREET ADDRESS <b>1452 WATERWAY COVE DR.</b>	
CITY-ST-ZIP <b>WELLINGTON, FL 33414</b>	
TITLE <b>PO Vice Pres / ST</b>	<input type="checkbox"/> Delete
NAME <b>ROCHON, SARA</b>	
STREET ADDRESS <b>1368 WATERWAY COVE DR</b>	
CITY-ST-ZIP <b>WELLINGTON, FL 33414</b>	
TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Delete
NAME <b>BODDY LINCOLN</b>	
STREET ADDRESS <b>1388 WATERWAY COVE</b>	
CITY-ST-ZIP <b>WELLINGTON FL 33414</b>	
TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Delete
NAME <b>JEAN ALAIN GONZALES</b>	
STREET ADDRESS <b>1356 WATERWAY COVE</b>	
CITY-ST-ZIP <b>WELLINGTON FL 33414</b>	
TITLE <b>Ken Kelwaski</b>	<input type="checkbox"/> Delete
NAME <b>1403 Waterway Cove Dr</b>	
STREET ADDRESS <b>Wellington FL 33414</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #