

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27972

FILED
Feb 09, 2009
Secretary of State

Entity Name: WATERWAY COVE OF WELLINGTON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

WELLINGTON MANGAEMENT INC
3461-B FAIRLANE FARMS RD
WEST PALM BEACH, FL 33414

New Principal Place of Business:

WELLINGTON MANAGEMENT INC
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

Current Mailing Address:

WELLINGTON MANGAEMENT INC
3461-B FAIRLANE FARMS RD
WEST PALM BEACH, FL 33414

New Mailing Address:

WELLINGTON MANAGEMENT INC
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

FEI Number: 65-0135280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, JOHN
WELLINGTON MANAGEMET INC
33461-B FAIRLANE FARMS RD
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

NEWSOME, JOHN
WELLINGTON MANAGEMENT INC
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

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: _____

02/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: ROBERTS, SHERRY
Address: 1452 WATERWAY COVE DR.
City-St-Zip: WELLINGTON, FL 33414

Title: PD () Delete
Name: ROCHON, SARA
Address: 1368 WATERWAY COVE DR
City-St-Zip: WELLINGTON, FL 33414

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ROBERTS, SHERRY
Address: 1452 WATERWAY COVE DR.
City-St-Zip: WELLINGTON, FL 33414

Title: VP (X) Change () Addition
Name: ROCHON, SARA
Address: 1368 WATERWAY COVE DR
City-St-Zip: WELLINGTON, FL 33414

Title: STTR () Change (X) Addition
Name: GONZALES, JEAN
Address: 1356 WATERWAY COVE DR.
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHERRY ROBERTS

PRES

02/09/2009

Electronic Signature of Signing Officer or Director

Date