

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32078

FILED
Apr 06, 2007
Secretary of State

Entity Name: WELLINGTON FOREST COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

4250 ALAFAYA TRAIL, SUITE 212-345
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

4250 ALAFAYA TRAIL, SUITE 212-345
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-2976346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNSIDE, LILLY
RELIABLE PROPERTY MANAGERS
4250 ALAFAYA TRAIL, SUITE 212-345
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

RELIABLE PROPERTY MANAGERS
4250 ALAFAYA TRAIL
SUITE 212-345
OVIEDO, FL 32765 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: CURTIS BURNSIDE

04/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEGGI, RON
Address: 3147 BLAKELY DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: S () Delete
Name: IDUATE, ARMANDO
Address: 715 CANTRELL CT
City-St-Zip: ORLANDO, FL 32835

Title: T () Delete
Name: SHAW, JAMALUS A
Address: 7102 ROTHCHILD CT
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: GARCIA, LUIS
Address: 2900 BLAKELY DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: MILLER, CHRIS
Address: 2916 BLAKELY DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: V () Delete
Name: LYNG, JOSEPH
Address: 2901 BLAKEY DR
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: IDUATE, ARMANDO
Address: 715 CANTRELL CT
City-St-Zip: ORLANDO, FL 32835

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RON SEGGI

P

04/06/2007

Electronic Signature of Signing Officer or Director

Date