
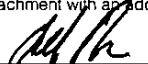


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90028 015 ****61.25

DOCUMENT # N32883 1. Entity Name WELLINGTON DOWNS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business WELLINGTON MGMT 3461-8 FAIRLANE FARMS RD WEST PALM BEACH, FL 33414			Mailing Address WELLINGTON MGMT 3461-8 FAIRLANE FARMS RD WEST PALM BEACH, FL 33414		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0226218	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEWSOME, JOHN WELLINGTON MGMT INC 3461-B FAIRLANE FARMS RD WEST PALM BEACH, FL 33414				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMOS, LUIS		NAME		
STREET ADDRESS	12440 DARTMOOR DR.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33414		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRARRO, FRANK JR		NAME		
STREET ADDRESS	12222 BRISBANE LANE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33414		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORTISI, SHANNON A		NAME		
STREET ADDRESS	12242 BRISBANE LANE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33414		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORTISI, SHANNON		NAME		
STREET ADDRESS	12242 BRISBANE LANE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33414		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  ABDEL RAMOS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/21/08 541-795-7767 <small>Date Daytime Phone #</small>		