

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35260

FILED  
Feb 13, 2008  
Secretary of State

**Entity Name:** WELLINGTON BUSINESS CENTRE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3020 FAIRLANE FARMS RD.,  
SUITE 4  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

3020 FAIRLANE FARMS RD.  
SUITE 4  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 65-0206669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANCINI, GUY A  
3460 SW 11TH STREET  
SUITE 405  
DEERFIELD BEACH, FL 33442 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MANCINI, GUY A  
Address: 3460 SW 11TH STREET  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VPD ( ) Delete  
Name: MANCINI, JEFFREY J  
Address: 3460 SW 11TH ST.  
City-St-Zip: DEERFEILD, FL 33442

Title: SDT ( ) Delete  
Name: MANCINI, LEE ANN  
Address: 3460 SW 11TH STREET  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: GUY A. MANCINI

PD

02/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date