

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36171

FILED
Feb 12, 2009
Secretary of State

Entity Name: BINKS ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

WELLINGTON MANAGEMENT
3461-B FAIRLANE FARMS RD.
WEST PALM BEACH, FL 33414

New Principal Place of Business:

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

Current Mailing Address:

WELLINGTON MANAGEMENT
3461-B FAIRLANE FARMS RD.
WEST PALM BEACH, FL 33414

New Mailing Address:

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

FEI Number: 65-0291310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, JOHN
WELLINGTON MANAGEMENT INC.
3461-B FAIRLANE FARMS RD.
WELLINGTON, FL 33414 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: S () Delete
Name: TALYOR, JOANNE
Address: 845 FOREST GLEN LN
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: BRYANT, ROY
Address: 826 FORREST GLEN LN.
City-St-Zip: WELLINGTON, FL 33414

Title: V () Delete
Name: ALPERSTEIN, MORLEY
Address: 17236 GULF PINE
City-St-Zip: WELLINGTON, FL 33414

Title: T () Delete
Name: FOLEY, MIKE
Address: 851 FOREST GLEN
City-St-Zip: WELLINGTON, FL 33414

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: TALYOR, JOANNE
Address: 845 FOREST GLEN LN
City-St-Zip: WELLINGTON, FL 33414

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

Title: VP (X) Change () Addition
Name: ALPERSTEIN, MORLEY
Address: 17236 GULF PINE
City-St-Zip: WELLINGTON, FL 33414

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

Title: P () Change (X) Addition
Name: TRISCHETTA, FRANK
Address: 17175 GULF PINE CIRCLE
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: FRANK TRISCHETTA

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date