

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36694

FILED
Apr 20, 2006
Secretary of State

Entity Name: WELLINGTON HOMEOWNERS ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business:

6700 LONE OAK BLVD.
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

6700 LONE OAK BLVD.
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0186518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD.
NAPLES, FL 34109 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: SWAN, DONALD A
Address: 6568 ILEX CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: VPD () Delete
Name: WERNES, TOM
Address: 6564 ILEX CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: CLEMINSON, RON
Address: 6590 ILEX CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: AUSTIN, JAMES
Address: 6562 ILEX CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: THEADO, PAUL
Address: 6592 ILEX CIRCLE
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WERNES, TOM A
Address: 6564 ILEX CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: VP (X) Change () Addition
Name: ZANDRI, ED
Address: 6534 ILEX CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D (X) Change () Addition
Name: GALLMAN, BILL
Address: 6608 ILEX CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D (X) Change () Addition
Name: SMITHSON, CAROL
Address: 6610 ILEX CIRCLE
City-St-Zip: NAPLES, FL 34109

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: BYRON ROSS

MGR

04/20/2006

Electronic Signature of Signing Officer or Director

Date