

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41808

FILED  
Mar 24, 2008  
Secretary of State

**Entity Name:** THE WELLINGTON NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

250 VENICE GOLF CLUB DRIVE  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

250 VENICE GOLF CLUB DRIVE  
VENICE, FL 34292

**New Mailing Address:**

**FEI Number:** 65-0325786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, BARBARA  
250 VENICE GOLF CLUB DRIVE  
VENICE, FL 34292 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: VPD ( ) Delete  
Name: BLAMPED, DOUG  
Address: 250 VENICE GOLF CLUB DRIVE  
City-St-Zip: VENICE, FL 34292

Title: TD ( ) Delete  
Name: BORST, BILL  
Address: 250 VENICE GOLF CLUB DRIVE  
City-St-Zip: VENICE, FL 34292

Title: PD ( ) Delete  
Name: ADAMS, WADE  
Address: 250 VENICE GOLF CLUB DRIVE  
City-St-Zip: VENICE, FL 34292

Title: SD ( ) Delete  
Name: REAL, RON  
Address: 250 VENICE GOLF CLUB DRIVE'  
City-St-Zip: VENICE, FL 34292

Title: D ( ) Delete  
Name: WRIGHT, KEN  
Address: 250 VENICE GOLF CLUB DR  
City-St-Zip: VENICE, FL 34292

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

Title: VPD (X) Change ( ) Addition  
Name: BLAMPIED, DOUG  
Address: 250 VENICE GOLF CLUB DRIVE  
City-St-Zip: VENICE, FL 34292

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

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

Title: SD (X) Change ( ) Addition  
Name: NEAL, RON  
Address: 250 VENICE GOLF CLUB DRIVE'  
City-St-Zip: VENICE, FL 34292

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: WADE ADAMS

PD

03/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date