2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N42579

1. Entity Name
WELLINGTON CORPORATE CENTER PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1500 W CYPRESS CREEK RD SUITE 409 FORT LAUDERDALE, FL 33309 US	C/O BRENNER REAL ESTATE GROUP 1500 W CYPRESS CREEK RD SUITE 409 FORT LAUDERDALE, FL 33309 US

DO NOT WRITE IN THIS SPACE

02242006 No Chg-NP CRZE037 (11/05)

4. FEI Number
65-0633332
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, MICHAEL E
C/O BRENNER REAL ESTATE GROUP
1500 W CYPRESS CREEK RD, SUITE 409
FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SCHULTZ, MICHAEL E
STREET ADDRESS	2830 LONG MEADOW RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	D
NAME	SCHULTZ, LORA
STREET ADDRESS	2830 LONG MEADOW RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	D
NAME	SCHULTZ, RICHARD
STREET ADDRESS	2830 LONG MEADOW RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000515279
04/23/06-80197-010 61.25

DO NOT WRITE IN THIS SPACE

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: _____ 4/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #