


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N42579</b>	
1. Entity Name <b>WELLINGTON CORPORATE CENTER PROPERTY OWNER'S ASSOCIATION, INC.</b>	

Principal Place of Business <b>1500 W CYPRESS CREEK RD SUITE 409 FORT LAUDERDALE, FL 33309 US</b>	Mailing Address <b>C/O BRENNER REAL ESTATE GROUP 1500 W CYPRESS CREEK RD SUITE 409 FORT LAUDERDALE, FL 33309 US</b>
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03232007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0633332</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>SCHULTZ, MICHAEL E C/O BRENNER REAL ESTATE GROUP 1500 W CYPRESS CREEK RD, SUITE 409 FORT LAUDERDALE, FL 33309</b>

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000694508 04/17/07-80023-002 70.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SCHULTZ, MICHAEL E 2830 LONG MEADOW RD WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, LORA 2830 LONG MEADOW RD WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, RICHARD 2830 LONG MEADOW RD WEST PALM BEACH, FL 33414
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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:**  **4-307 9545965555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #