


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90478 026 \*\*\*\*61.25

<b>DOCUMENT # N43727</b> 1. Entity Name <b>WELLINGTON STATION HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1461 WELLINGTON CIR. ROCKLEDGE, FL 32955 US</b>			Mailing Address <b>1461 WELLINGTON CIR. ROCKLEDGE, FL 32955 US</b>		
2. Principal Place of Business <b>1478 Wellington Cir</b> Suite, Apt. #, etc.			3. Mailing Address <b>1478 Wellington Cir</b> Suite, Apt. #, etc.		
City & State <b>Rockledge, FL</b>			City & State <b>Rockledge FL</b>		
Zip <b>32955</b>		Country <b>USA</b>		4. FEI Number <b>59-2111989</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHELPMAN, MARIAN 1457 WELLINGTON CIR. ROCKLEDGE, FL 32955</b>				7. Name and Address of New Registered Agent Name <b>Eppig, Sylvia</b> Street Address (P.O. Box Number is Not Acceptable) <b>1478 Wellington Cir</b> City <b>Rockledge, FL</b> Zip Code <b>32955</b>	
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 <u>Sylvia W. Eppig</u> <b>Sylvia W. Eppig Board Treasurer</b> <b>4/26/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FORESTER, FRANK 1481 WELLINGTON CIR. ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Doctor, Carol 1455 Victoria Blvd Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARGELSKI, HARRY 1458 WELLINGTON CIR. ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Hardy, Deborah 1439 Victoria Blvd Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHELPMAN, MARIAN 1457 WELLINGTON CIR ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Eppig, Sylvia 1478 Wellington Cir Rockledge, FL 32955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Sylvia W. Eppig</u> <b>Sylvia W. Eppig, Board Treasurer</b> <b>4/26/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50017675**



04132006 Chg-NP CR2E037 (11/05)