

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43727

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: WELLINGTON STATION HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1459 VICTORIA BLVD  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

1459 VICTORIA BLVD  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

FEI Number: 59-2111989

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NORONHA, DENZIL  
1459 VICTORIA BLVD  
ROCKLEDGE, FL 32955 US

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

NORONHA, DENZIL L MR  
1459 VICTORIA BLVD  
ROCKLEDGE, FL 32955 US

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: DENZIL NORONHA

01/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VALENTINE, ALLAN  
Address: 1494 WELLINGTON CIR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD ( ) Delete  
Name: HILL, JANIS  
Address: 1485 WELLINGTON CIR  
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD ( ) Delete  
Name: NORONHA, DENZIL  
Address: 1459 VICTORIA BLVD  
City-St-Zip: ROCKLEDGE, FL 32955

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

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

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

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: DENZIL NORONHA

TD

01/21/2009

Electronic Signature of Signing Officer or Director

Date