

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000001773

1. Entity Name
WELLINGTON MEDICAL CONDOMINIUM, INC.



Principal Place of Business
**10131 FOREST HILL BLVD
WELLINGTON, FL 33414 US**

Mailing Address
**PO BOX 212113
ROYAL PALM BEACH, FL 33421 US**



03062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0406489

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CROWELL, DAVID J MD
10131 FOREST HILL BLVD #101
WEST PALM BEACH, FL 33414**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000475346
04/05/06-80011-024 61.25**

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	POYER, MELINDA MD
STREET ADDRESS	10131 FOREST HILL BLVD #130
CITY-STATE-ZIP	WELLINGTON, FL 33414
TITLE	PD
NAME	MARULL, ARMONDO MD
STREET ADDRESS	10131 FOREST HILL BLVD. #120
CITY-STATE-ZIP	WELLINGTON, FL 33414
TITLE	TSD
NAME	JAMES, JANET V
STREET ADDRESS	625 HIGH STREET
CITY-STATE-ZIP	WEST PALM BEACH, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/06