

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP -5 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



08262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0406489

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
POYER, MELINDA MD
10131 FOREST HILL BLVD #130
WELLINGTON, FL 33414 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Mark Waeltz
10131 Forest Hill Blvd, #230
Wellington, FL 33414 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MARULL, ARMONDO MD
10131 FOREST HILL BLVD. #120
WELLINGTON, FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800109182198
09/07/07--01012--00? **\$61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TSD
JAMES, JANET V
625 HIGH STREET
WEST PALM BEACH, FL 33405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

Janet V. James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET V. JAMES

8/28/07
Date

561-313-4677
Daytime Phone # CELL

9/5/07