2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006
Secretary of State

DOCUMENT# N94000001768

Entity Name: WELLINGTON PLACE MASTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3501 NW 112TH ST
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

6110 B NW 1 PL
GAINESVILLE, FL 32607 US

New Mailing Address:

C/O ACTION REAL ESTATE SERVICES
6110 B NW 1 PL
GAINESVILLE, FL 32607 US

FEI Number: 59-3320040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAUSAMAN, JEFFREY D
C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOLDBERG, PHILIP
Address: 3314 NW 114TH TER
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: PINKS, RICHARD
Address: 11203 NW 34TH AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: PD ( ) Delete
Name: OWENS, SHANE
Address: 11219 NW 35 AVE
City-St-Zip: GAINSVILLE, FL 32606

Title: DS ( ) Delete
Name: FIELDS, CAROL
Address: 3108 NW 114TH TER
City-St-Zip: GAINESVILLE, FL 32606

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: MIZELL, GARY
Address: 11316 NW 32ND AVE
City-St-Zip: GAINESVILLE, FL 32606

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

Title: D (X) Change ( ) Addition
Name: BERBEN, DAN
Address: 11202 NW 32ND AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Change (X) Addition
Name: PHILLIPS, DAVID
Address: 11250 NW 31ST RD
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the 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: SHANE OWENS P 02/21/2006

Electronic Signature of Signing Officer or Director — Date