

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001768

FILED  
Mar 05, 2009  
Secretary of State

**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:**

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

**New Mailing Address:**

**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:**

ACTION REAL ESTATE SERVICES  
6110-B NW 1ST PLACE  
GAINESVILLE, FL 32607 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: D JEFFREY SAUSAMAN

03/05/2009

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: DS ( ) Delete  
Name: OWENS, SHANE  
Address: 11219 NW 35TH AVE  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: QUATES, CECIL  
Address: 11136 NW 37 LANE  
City-St-Zip: GAINESVILLE, FL 32606

Title: PD ( ) Delete  
Name: BERBEN, DAN  
Address: 11202 NW 32ND AVE  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: BIERBAUM, GENE  
Address: 111150 NW 36 LANE  
City-St-Zip: GAINESVILLE, FL 32607

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

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

Title: DS (X) Change ( ) Addition  
Name: PITTS, BRUCE  
Address: 3435 NW 112TH ST  
City-St-Zip: GAINESVILLE, FL 32606

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: DAN BERBEN

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date