

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001686

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** WELLINGTON VILLA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

400 WEXFORD BLVD.  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

**FEI Number:** 59-3468521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

APPLETON, ERIC  
BUSH ROSS  
220 SOUTH FRANKLIN STREET  
TAMPA, FL 33602 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: S ( ) Delete  
Name: TOOKER, BETTY  
Address: 425 CANDLESTONE COURT  
City-St-Zip: SPRING HILL, FL 34609

Title: V (X) Delete  
Name: ERICKSON, JOYCE  
Address: 11079 CHERRYWOOD CT  
City-St-Zip: SPRING HILL, FL 34609

Title: P ( ) Delete  
Name: HOGAN, PATRICK  
Address: 409 CANDLESTONE COURT  
City-St-Zip: SPRING HILL, FL 34609

Title: T ( ) Delete  
Name: VELEZ, MILLIE  
Address: 400 WEXFORO BLVD  
City-St-Zip: SPRING HILL, FL 34609

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

Title: SD (X) Change ( ) Addition  
Name: TOOKER, BETTY  
Address: 425 CANDLESTONE COURT  
City-St-Zip: SPRING HILL, FL 34609

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

Title: PD (X) Change ( ) Addition  
Name: HOGAN, PATRICK  
Address: 409 CANDLESTONE COURT  
City-St-Zip: SPRING HILL, FL 34609

Title: TD (X) Change ( ) Addition  
Name: VELEZ, MILLIE  
Address: 400 WEXFORO BLVD  
City-St-Zip: SPRING HILL, FL 34609

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: PATRICK HOGAN

PD

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date