

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005931

FILED
Apr 02, 2009
Secretary of State

Entity Name: WELLINGTON AT KINGS RIDGE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

4004 EDGEWATER DRIVE
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

4004 EDGEWATER DRIVE
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 59-3488337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, MARY L
4004 EDGEWATER DRIVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

ASSET REAL ESTATE INC
4004 EDGEWATER DRIVE
ORLANDO, FL 32804 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: MARY RIVERA

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KUBIAK, BARBARA
Address: 1405 HAMMONSMITH DR
City-St-Zip: CLERMONT, FL 34711

Title: T () Delete
Name: BOESCH, FRED
Address: 2303 TWICKINGHAM CT.
City-St-Zip: CLERMONT, FL 34711

Title: P () Delete
Name: TYNDALL, SAMUEL
Address: 2291 TWICKINGHAM COURT
City-St-Zip: CLERMONT, FL 34711

Title: DVP () Delete
Name: PURVIS, JIM
Address: 4206 HAMMERSMITH DR
City-St-Zip: CLERMONT, FL 34711

Title: SD () Delete
Name: KRAUS, LEN
Address: 2315 TWICKING LAM CT
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KUBIAK, BARBARA
Address: 1405 HAMMERSMITH DR
City-St-Zip: CLERMONT, FL 34711

Title: T (X) Change () Addition
Name: BOESCH, FRED
Address: 2303 TWICKINGHAM CT.
City-St-Zip: CLERMONT, FL 34711

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

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

Title: SD (X) Change () Addition
Name: KRAUS, LEN
Address: 2315 TWICKINGHAM CT
City-St-Zip: CLERMONT, FL 34711

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: SAMUEL TYNDALL

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date