

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006554

FILED
Jan 11, 2006
Secretary of State

Entity Name: WELLINGTON PLACE AT KENSINGTON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

SOUTHWEST PROPERTY MGMT. CORP
1044 CASTELLO DR. #206
NAPLES, FL 34103 US

New Principal Place of Business:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

Current Mailing Address:

SOUTHWEST PROPERTY MGMT. CORP
1044 CASTELLO DR. #206
NAPLES, FL 34103 US

New Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

FEI Number: 59-3515864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MGMT CORP
1044 CASTELLO DR #206
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

NEWELL, WILLIAM A
C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 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: WILLIAM A NEWELL, AGENT

01/11/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCKINNEY, WILLIAM
Address: 4445 DOVER CT. #804
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: FOLSOM, DUKE
Address: 4425 DOVER CT. #603
City-St-Zip: NAPLES, FL 34105

Title: SD () Delete
Name: PSATHAS, MARY
Address: 4375 DOVER CT #102
City-St-Zip: NAPLES, FL 34105

Title: VPD () Delete
Name: NAHRA, GUS
Address: 4475 DOVER CRT #1103
City-St-Zip: NAPLES, FL 34105

Title: TD () Delete
Name: BOONE, SAM
Address: 4465 DOVER CRT #1004
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VD (X) Change () Addition
Name: NAHRA, GUS
Address: 4475 DOVER CRT #1103
City-St-Zip: NAPLES, FL 34105

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

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: WILLIAM MCKINNEY

PD

01/11/2006

Electronic Signature of Signing Officer or Director

Date