


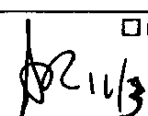
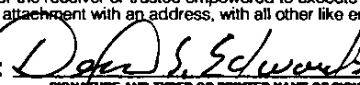


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000005259 1. Entity Name WELLINGTON HOMEOWNERS ASSOCIATION OF LEE COUNTY, INC.						FILED 05 NOV -3 PM 2:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 16733 WELLINGTON LAKES CIRCLE FT. MYERS, FL 33908				Mailing Address 16733 WELLINGTON LAKES CIRCLE FT. MYERS, FL 33908			
2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0915977		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		10272005 REIN-NP		CR2E099 (6/04)	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent DEBOEST, RICHARD II 1415 HENDRY STREET FT MYERS, FL 33901				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				Richard DeBoest II <small>(NOTE: Registered Agent signature required when reinstating)</small>		11/1/2005 <small>DATE</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MURPHY, KATIE 16733 WELLINGTON LAKES CIRCLE FT. MYERS, FL 33908 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 5px; margin: 5px;"> 500061136125 11/03/05--01038--004 **236.25 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EDWARDS, DAVID 16733 WELLINGTON LAKES CIRCLE FT. MYERS, FL 33908 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COLLINS, BELINDA 16733 WELLINGTON LAKES CIRCLE FT. MYERS, FL 33908 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNELL-SMITH, STEVEN 16733 WELLINGTON LAKES CIRCLE FT. MYERS, FL 33908 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPOSITO, TONY 16733 WELLINGTON LAKES CIRCLE FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITKOWSKI, CHUCK 16733 WELLINGTON LAKES CIRCLE FORT MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  (DAVID S. EDWARDS - DT) 10/				Date _____ Daytime Phone # _____			