2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# N98000005259

Entity Name: WELLINGTON HOMEOWNERS ASSOCIATION OF LEE COUNTY, INC.

Current Principal Place of Business:

16733 WELLINGTON LAKES CIRCLE
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

16733 WELLINGTON LAKES CIRCLE
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 65-0915977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEBOEST, RICHARD II
1415 HENDRY STREET
FT MYERS, FL 33901 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: DP ( ) Delete
Name: TOOPS, REGINA
Address: 16733 WELLINGTON LAKES CIRCLE
City-St-Zip: FT. MYERS, FL 33908

Title: DT ( ) Delete
Name: MURPHY, KATIE
Address: 16733 WELLINGTON LAKES CIRCLE
City-St-Zip: FT. MYERS, FL 33908

Title: DS ( ) Delete
Name: HARE, STEVE
Address: 16733 WELLINGTON LAKES CIRCLE
City-St-Zip: FT. MYERS, FL 33908

Title: D ( ) Delete
Name: URSILLO, BARBARA
Address: 16733 WELLINGTON LAKES CIRCLE
City-St-Zip: FT. MYERS, FL 33908

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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

Title: D ( ) Change (X) Addition
Name: ARGUELLO, CARLOS
Address: 16733 WELLINGTON LAKES CIRCLE
City-St-Zip: FT. MYERS, FL 33908

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: KATHRYN MURPHY DT 06/25/2009
Electronic Signature of Signing Officer or Director — Date