## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000005464

FILED Feb 21, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** C/O NEWELL PROPERTY MANAGEMENT 5435 JAEGER ROAD #4 NAPLES, FL 34109 **New Mailing Address: Current Mailing Address:** C/O NEWELL PROPERTY MANAGEMENT 5435 JAEGER ROAD #4 NAPLES, FL 34109 FEI Number: 59-3642283 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEWELL, WILLIAM A AGENT 5435 JAEGER ROAD #4 NAPLES, FL 34109 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CONNONE, MARY L Name: Name: 4751 STRATFORD COURT #2401 Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: VD ( ) Delete Title: (X) Change ( ) Addition HUBBARD, BOB Name: HUBBARD, BOB Name: Address: 4734 STRATFORD COURT #1701 Address: 4734 STRATFORD COURT #1701 City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105 Title: () Delete Title: () Change () Addition FERRARI, RON Name: Name: 4776 ALBERTON COURT #2702 Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HYMAN, CHARLES Name: 4733 STRATFORD COURT #2104 Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition NERSESIAN, ARA Name: Name: 4770 STRATFORD CT #2603 Address: Address: NAPLES, FL 34105 City-St-Zip: City-St-Zip:

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: MARY L CONNONE PD 02/21/2008