2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N99000005464

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3642283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWELL, WILLIAM A AGENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 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: PD ( ) Delete
Name: CONNONE, MARY L
Address: 4751 STRATFORD COURT #2401
City-St-Zip: NAPLES, FL 34105

Title: TD ( ) Delete
Name: HUBBARD, BOB
Address: 4734 STRATFORD COURT #1701
City-St-Zip: NAPLES, FL 34105

Title: SD ( ) Delete
Name: FERRARI, RON
Address: 4776 ALBERTON COURT #2702
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: HYMAN, CHARLES
Address: 4733 STRATFORD COURT #2104
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: NERSESIAN, ARA
Address: 4770 STRATFORD CT #2603
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: SD (X) Change ( ) Addition
Name: ROUTIER, LYNN
Address: 4771 ALBERTON COURT #3503
City-St-Zip: NAPLES, FL 34105

Title: D (X) Change ( ) Addition
Name: MOORADIAN, LEONARD
Address: 4758 STRATFORD COURT #1304
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 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 01/20/2009
Electronic Signature of Signing Officer or Director — Date