

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006754

**Entity Name:** WELLINGTON VIEW HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CAMPBELL PROPERTY MANAGEMENT  
9897 LAKE WORTH ROAD SUITE 304  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O CAMPBELL PROPERTY MANAGEMENT  
9897 LAKE WORTH ROAD SUITE 304  
LAKE WORTH, FL 33467 US

**FEI Number:** 20-2428724

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROUGH, CHADROW & LEVINE PA  
2149 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 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:** SCOTT J LEVINE, ESQ

04/21/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JONES, JOHN  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  9897 LAKE WORTH ROAD SUITE 304  
City-State-Zip: LAKE WORTH FL 33467

Title            VP  
Name            HARTMAN, ERIC  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  9897 LAKE WORTH ROAD SUITE 304  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY, TREASURER  
Name            ANDREWS, KENNETH  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  9897 LAKE WORTH ROAD SUITE 304  
City-State-Zip: LAKE WORTH FL 33467

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN JONES

PRESIDENT

04/21/2021

Electronic Signature of Signing Officer/Director Detail

Date