

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006754

Entity Name: WELLINGTON VIEW HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 17, 2019
Secretary of State
6860702162CC

Current Principal Place of Business:

C/O CAMPBELL PROPERTY MANAGEMENT
3918 VIA POINCIANA DRIVE SUITE 9
LAKE WORTH, FL 33467

Current Mailing Address:

C/O CAMPBELL PROPERTY MANAGEMENT
3918 VIA POINCIANA DRIVE SUITE 9
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

03/17/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JONES, JOHN
Address C/O CAMPBELL PROPERTY
 MANAGEMENT
 3918 VIA POINCIANA DRIVE SUITE 9
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER
Name BESSELL, LEE
Address C/O CAMPBELL PROPERTY
 MANAGEMENT
 3918 VIA POINCIANA DRIVE SUITE 9
City-State-Zip: LAKE WORTH FL 33467

Title VP
Name HARTMAN, ERIC
Address C/O CAMPBELL PROPERTY
 MANAGEMENT
 3918 VIA POINCIANA DRIVE SUITE 9
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY
Name D'ANGIO, ROBERT
Address C/O CAMPBELL PROPERTY
 MANAGEMENT
 3918 VIA POINCIANA DRIVE SUITE 9
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

03/17/2019

Electronic Signature of Signing Officer/Director Detail

Date