

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N03000006754

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

**Current Principal Place of Business:**

3918 VIA POINCIANA DRIVE  
SUITE #9  
LAKE WORTH, FL 33467

**Current Mailing Address:**

3918 VIA POINCIANA DRIVE  
SUITE #9  
LAKE WORTH, FL 33467

**FEI Number: 20-2428724**

**Certificate of Status Desired: No**

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

CAMPBELL PROPERTY MANAGEMENT  
3918 VIA POINCIANA DRIVE  
SUITE #9  
LAKE WORTH, FL 33467 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name MC DADE, JAMES  
Address 5300 W ATLANTIC AVE 300  
City-State-Zip: DELRAY BEACH FL 33484

Title D  
Name PFISTER, FREDRICK  
Address 5300 W ATLANTIC AVE 300  
City-State-Zip: DELRAY BEACH FL 33484

Title D  
Name SAVASTANO, DAMON  
Address 5300 W ATLANTIC AVE 300  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name RULE, ADAM  
Address 5300 W ATLANTIC AVE  
300  
City-State-Zip: DELRAY BEACH FL 33484

*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: JAMES MC DADE**

**D**

**12/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date