

2025 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

03/04/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title	SECRETARY
Name	SHIRAZ, SHAMIR
Address	% CAMPBELL PROPERTY MANAGEMENT 9897 LAKE WORTH ROAD # 304
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	CONE, TRAVES
Address	% CAMPBELL PROPERTY MANGEMENT 9897 LAKE WORTH OAD # 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: JOSEPH CASALINO

PRESIDENT

03/04/2025

Electronic Signature of Signing Officer/Director Detail

Date