2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2015
Secretary of State
CC2696751167

DOCUMENT# N14257

Entity Name: WELLINGTON PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O A&G MANAGEMENT SERVICES
3132 FORTUNE WAY, STE D27
WELLINGTON, FL 33414

Current Mailing Address:

C/O A&G MANAGEMENT SERVICES
3132 FORTUNE WAY, STE D27
WELLINGTON, FL 33414 US

FEI Number: 65-0048133

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

A & G MANAGEMENT SVCS
3132 FORTUNE WAY
SUITE D27
WELLINGTON, FL 33414 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	DP
Name	TUCCINARDI, MIKE
Address	3132 FORTUNE WAY, STE D27
City-State-Zip:	WELLINGTON FL 33414

Title	DVP
Name	PEPPARD, LAURA
Address	3132 FORTUNE WAY, STE D27
City-State-Zip:	WELLINGTON FL 33414

Title	DS
Name	OZOROW, ELAINE
Address	3132 FORTUNE WAY, STE D27
City-State-Zip:	WELLINGTONG FL 33414

Title	DT
Name	GOZUKIZIL, FRANK
Address	3132 FORTUNE WAY, STE D27
City-State-Zip:	WELLINGTON FL 33414

Title	D
Name	SALINAS-BENTLEY, TAMMY
Address	3132 FORTUNE WAY, STE D27
City-State-Zip:	WELLINGTON FL 33414

Title	D
Name	WILSON, VICKI
Address	3132 FORTUNE WAY, STE D27
City-State-Zip:	WELLINGTON FL 33414

Title	D
Name	GARTNER, DIANE
Address	3132 FORTUNE WAY, STE D27
City-State-Zip:	WELLINGTON FL 33414

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: MIKE TUCCINARDI PRESIDENT 04/22/2015

Electronic Signature of Signing Officer/Director Detail — Date