2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 23, 2015
Secretary of State
CC5763305383

DOCUMENT# N14257

Entity Name: WELLINGTON PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O DAVENPORT PROF. PROP. MGMT. LLC
6620 LAKE WORTH RD, SUITE F
LAKE WORTH, FL 33467

Current Mailing Address:

C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, INC.
6620 LAKE WORTH ROAD SUITE F
LAKE WORTH, FL 33467

FEI Number: 65-0048133

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLOOR, JEREMY
C/O MCDONALD HOPKINS, LLC
505 SOUTH FLAGLER DR. STE 300
WEST PALM BEACH, FL 33401 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: JEREMY BLOOR 09/23/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DP	Title	DVP
Name	TUCCINARDI, MIKE	Name	PEPPARD, LAURA
Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, INC. 6620 LAKE WORTH ROAD SUITE F	Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, INC. 6620 LAKE WORTH ROAD SUITE F
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	DS	Title	DT
Name	OZOROW, ELAINE	Name	GOZUKIZIL, FRANK
Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, INC. 6620 LAKE WORTH ROAD SUITE F	Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, INC. 6620 LAKE WORTH ROAD SUITE F
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	D	Title	D
Name	SALINAS-BENTLEY, TAMMY	Name	WILSON, VICKI
Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, INC. 6620 LAKE WORTH ROAD SUITE F	Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, INC. 6620 LAKE WORTH ROAD SUITE F
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	D		
Name	GARTNER, DIANE		
Address	C/O DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, INC. 6620 LAKE WORTH ROAD SUITE F		
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: TUCCINARDI , MIKE PRESIDENT 09/23/2015

Electronic Signature of Signing Officer/Director Detail Date