

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14257

Entity Name: WELLINGTON PLACE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O DAVENPORT PROPERTY MGMT
6620 LAKE WORTH RD. SUITE F
LAKE WORTH, FL 33467**Current Mailing Address:**C/O DAVENPORT PROPERTY MGMT
6620 LAKE WORTH RD. SUITE F
LAKE WORTH, FL 33467 US**FEI Number:** 65-0048133**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOEDE, DEBOST & CROSS, PLLC
4800 N. FEDERAL HWY.
SUITE 307-D
BOCA RATON, FL 33431 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:** HARRIS B. KATZ

03/04/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	ORKISZ, KRISTYNA
Address	C/O DAVENPORT PROPERTY MGMT 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467

Title	VP
Name	OCKMAN, MEREDITH
Address	C/O DAVENPORT PROPERTY MGMT 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467

Title	PRESIDENT
Name	PENNER, JUSTIN
Address	C/O DAVENPORT PROPERTY MGMT 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467

Title	TREASURER
Name	MARTINEZ, BRANDON
Address	C/O DAVENPORT PROPERTY MGMT 6620 LAKE WORTH RD. 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: JUSTIN PENNER

PRESIDENT

03/04/2022

Electronic Signature of Signing Officer/Director Detail

Date