2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2018
Secretary of State
CC6104747657

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:

APRIL, MARY
C/O MCDONALD HOPKINS LLC
505 S. FLAGLER DR. SUITE 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: MARY APRIL 04/23/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	TUCCINARDI, MIKE	Name	PEPPARD, LAURA
Address	C/O DAVENPORT PROPERTY MGMT 6620 LAKE WORTH RD. SUITE F	Address	C/O DAVENPORT PROPERTY MGMT 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	SECRETARY	Title	DIRECTOR
Name	OZAROW, ELAINE	Name	GOZUKIZIL, FRANK
Address	C/O DAVENPORT PROPERTY MGMT 6620 LAKE WORTH RD. SUITE F	Address	C/O DAVENPORT PROPERTY MGMT 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	TREASURER	Title	DIRECTOR
Name	SALINAS-BENTLEY, TAMMY	Name	LEONARD, JACK
Address	C/O DAVENPORT PROPERTY MGMT 6620 LAKE WORTH RD. SUITE F	Address	C/O DAVENPORT PROPERTY MGMT 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467
Title	DIRECTOR	Title	DIRECTOR
Name	MILLER, MELANIE	Name	ORKISZ, KRYSTYNA
Address	C/O DAVENPORT PROPERTY MGMT 6620 LAKE WORTH RD. 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

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 04/23/2018

Electronic Signature of Signing Officer/Director Detail — Date