2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 02, 2020
Secretary of State
3145138945CC

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:

ROSENBAUM PLLC
250 S. AUSTRALIAN AVE.
5TH FLOOR
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	SECRETARY
Name	TUCCINARDI, MIKE	Name	OZAROW, ELAINE
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	PENNEY, JUSTIN
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		
Name	SCARLETT, RICHARD		
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: MIKE TUCCINARDI PRESIDENT 11/02/2020

Electronic Signature of Signing Officer/Director Detail — Date