

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000006204  
 1. Entity Name  
 VILLAGEWALK OF WELLINGTON HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 4500 PGA BLVD, SUITE 400, PALM BEACH GARDENS, FL 33418  
 Mailing Address: 4500 PGA BLVD, SUITE 400, PALM BEACH GARDENS, FL 33418

**DO NOT WRITE IN THIS SPACE**



02092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1136316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SHANNON, WILLIAM E  
 4500 PGA BLVD, SUITE 400  
 PALM BEACH GARDENS, FL 33418

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000077359  
 03/05/04-80039-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENE, RICHARD E 4500 PGA BLVD, SUITE 400 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, HARMON D 4500 PGA BLVD, SUITE 400 PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHANNON, WILLIAM E 4500 PGA BLVD, SUITE 400 PALM BEACH GARDENS, FL 33418
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William E. Shannon William E. Shannon as Secretary, (561) 627-2112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 3/3/04 Daytime Phone # \_\_\_\_\_