2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006204

Entity Name: VILLAGEWALK OF WELLINGTON HOMEOWNERS

ASSOCIATIOIN, INC.

Current Principal Place of Business:

2500 VILLAGEWALK CIRCLE WELLINGTON, FL 33414

Current Mailing Address:

600 SANDTREE DRIVE

PALM BEACH GARDENS, FL 33403

FEI Number: 65-1136316 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DRIVE, STE. 109 PALM BEACH GARDENS, FL 33403 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: LISA MOORE 04/04/2016

Electronic Signature of Registered Agent

Date

FILED Apr 04, 2016

Secretary of State

CC3023460668

Officer/Director Detail:

Title PΠ Title TD

Name GERSTENHABER, CLIFF Name NORDSTROM, JIM Address 8061 JOLLY HARBOUR CT Address 8089 INAGUA LN

City-State-Zip: WELLINGTON FL 33414 City-State-Zip: WELLINGTON FL 33414

Title Title D

Name COHEN, CHUCK Name PREVETE, RON Address 8329 ST JOHNS CT Address 8262 TOBAGO LN

City-State-Zip: WELLINGTON FL 33414 City-State-Zip: WELLINGTON FL 33414

Title Title SD

Name COMAS, LAURA Name GIANNOTTA, DOMINICK Address 8093 MONTSERRAT 8112 JOLLY HARBOUR CT Address City-State-Zip: WELLINGTON FL 33414 WELLINGTON FL 33414

D

City-State-Zip:

Title

Name BROWN, HERBERT

Address 8187 MONTSERRAT PLACE WELLINGTON FL 33414 City-State-Zip:

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: CLIFF GERSTENHABER

Electronic Signature of Signing Officer/Director Detail

04/04/2016 PD

Date