

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006204

Entity Name: VILLAGEWALK OF WELLINGTON HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 04, 2017
Secretary of State
CC4271770098

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

04/04/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name GERSTENHABER, CLIFF
Address 8061 JOLLY HARBOUR CT
City-State-Zip: WELLINGTON FL 33414

Title TD
Name NORDSTROM, JIM
Address 8089 INAGUA LN
City-State-Zip: WELLINGTON FL 33414

Title D
Name COHEN, CHUCK
Address 8329 ST JOHNS CT
City-State-Zip: WELLINGTON FL 33414

Title VP
Name PREVETE, RON
Address 8262 TOBAGO LN
City-State-Zip: WELLINGTON FL 33414

Title SD
Name GIANNOTTA, DOMINICK
Address 8112 JOLLY HARBOUR CT
City-State-Zip: WELLINGTON FL 33414

Title D
Name COMAS, LAURA
Address 8093 MONTSERRAT
City-State-Zip: WELLINGTON FL 33414

Title D
Name FRANSETTA, ANTONIO
Address 8429 ST JOHNS COURT
City-State-Zip: WELLINGTON FL 33414

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

PD

04/04/2017

Electronic Signature of Signing Officer/Director Detail

Date