

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90073 043 ****61.25

DOCUMENT # 753177

1. Entity Name

SHADOW RIDGE VILLAS AT WELLINGTON
HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

C/O WELLINGTON MGMT., INC.
3461-B FAIRLANE FARMS RD.
WELLINGTON, FL 33414 US

Mailing Address

C/O WELLINGTON MGMT., INC.
3461-B FAIRLANE FARMS RD.
WELLINGTON, FL 33414 US



01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2238723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NEWSOME, JOHN
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DOELLING, LARRY 11352 PERSIMMON BLVD WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DOELLING, KERRY 11352 PERSIMMON BLVD. WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RIES, DARCY 1252 WHITE PINE DRIVE WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SZYMANSKI, TAMMY 1896 PALM BCH LKS BLVD, # 103 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENNEDY, JASON 1375 PEEL CT WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/08