2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753177

FILED Apr 14, 2009 Secretary of State

Entity Name: SHADOW RIDGE VILLAS AT WELLINGTON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O WELLINGTON MGMT., INC. 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 **New Mailing Address: Current Mailing Address:** C/O WELLINGTON MGMT., INC. 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 FEI Number: 59-2238723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEWSOME, JOHN 3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DOELLING, LARRY RIES, DARCY Name: Name: 11352 PERSIMMON BLVD Address: 1252 WHITE PINE DRIVE Address: City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: WELLINGTON, FL 33414 Title: Title: (X) Change () Addition () Delete DOELLING, KERRY Name: KENNEDY, JASON Name: Address: 11352 PERSIMMON BLVD. Address: 1375 PEEL COURT City-St-Zip: WEST PALM BEACH, FL 33411 City-St-Zip: WELLINGTON, FL 33414 Title: Title: (X) Change () Addition () Delete RIES, DARCY SZYMANSKI, TAMMY Name: Name: 1252 WHITE PINE DRIVE 1896 PALM BEACH LAKES BLVD. #103 Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WEST PALM BEACH, FL 33409 Title: SD (X) Delete Title: () Change () Addition SZYMANSKI, TAMMY Name: Name: Address: 1896 PALM BCH LKS BLVD, # 103 Address: City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: Title: (X) Delete Title: () Change () Addition KENNEDY, JASON Name: Name: 1375 PEEL CT Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JASON KENNEDY P 04/14/2009