

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753177

FILED  
Apr 13, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**FEI Number:** 59-2238723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: T  
Name: RIES, DARCY  
Address: 1252 WHITE PINE DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: P  
Name: NOWAK, ALAN  
Address: 1133 WHITE PINE DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: S  
Name: BOLET, EUGENIA  
Address: 1256 WHITE PINE DRIVE  
City-St-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: DARCY RIES

T

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date