

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004275

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** WALLINGFORD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4533 33RD COURT EAST  
BRADENTON, FL 34203

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 20865  
BRADENTON, FL 34204

**New Mailing Address:**

**FEI Number:** 59-3752912

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VACHON, GERRY  
4533 33RD CT. EAST  
BRADENTON, FL 34203 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: P  
Name: VACHON, GERRY  
Address: 4533 33RD CT., EAST  
City-St-Zip: BRADENTON, FL 34203

Title: VP  
Name: PLAIA, PETE  
Address: 3518 33RD COURT EAST  
City-St-Zip: BRADENTON, FL 34203

Title: S  
Name: HARLOW, VICTORIA  
Address: 3326 45TH AVE EAST  
City-St-Zip: BRADENTON, FL 34203

Title: D  
Name: BOREK, MARION  
Address: 3315 45TH AVE., EAST  
City-St-Zip: BRADENTON, FL 34203

Title: T  
Name: VACHON, GERRY  
Address: 4533 33RD COURT EAST  
City-St-Zip: BRADENTON, FL 34203

Title: D  
Name: GUNCHENKO, TONI  
Address: 3224 45TH AVE E.  
City-St-Zip: BRADENTON, FL 34203

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: GERRY VACHON

P

01/07/2010

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

\_\_\_\_\_  
Date