


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90033 016 ****61.25

DOCUMENT # N01000006204	
1. Entity Name VILLAGEWALK OF WELLINGTON HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1818 AUSTRALIAN AVENUE SOUTH STE 400 WEST PALM BEACH, FL 33409	Mailing Address 1818 AUSTRALIAN AVENUE SOUTH STE 400 WEST PALM BEACH, FL 33409
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40067242



2. Principal Place of Business - No P.O. Box # 2500 VILLAGEWALK CIRCLE	3. Mailing Address 600 SANDTREE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. 109

03282008 Chg-NP CR2E037 (12/06)

City & State WELLINGTON, FL	City & State PALM BEACH GARDENS, FL
Zip 33414	Country USA
Zip 33403	Country USA

4. FEI Number 65-1136316	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DICKER, EDWARD ESQ DICKER, KRIVOK & STOLOFF, P.A. 1818 AUSTRALIAN AVE S, STE 400 WEST PALM BEACH, FL 33409	
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7. Name and Address of New Registered Agent Name: Donna McDonald Street Address (P.O. Box Number is Not Acceptable): 600 Sandtree Drive Suite 109 City: Palm Beach Gardens FL Zip Code: 33403	
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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: <u>Donna McDonald</u>	DATE: <u>4-11-08</u>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSH, ROBERT 8437 ARIMA LANE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roberta Harris <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8393 Zanzibar Lane Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHIMERA, CATHY 8418 ARIMA LANE WEST PALM BEACH, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martin Friedland <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2063 Guadeloupe Dr. Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORELLO, JOSEPH S 8036 LABORIE LN WEST PALM BEACH, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bruce Ciarrariello <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8297 Rosalie Lane Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, ROBERT 8475 QUITO PLACE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Roberto Landron <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8283 Cozumel Lane Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TART, JEFF 8034 KALIKO LANE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Villancourt <input type="checkbox"/> Change <input type="checkbox"/> Addition 8218 Xanthus Lane Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLETCHER, SCOTT 8151 OCHO RIOS LN WEST PALM BEACH, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph S Morello <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8036 Laborie Lane Wellington FL 33414

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: <u>Roberta L. Harris</u>	DATE: <u>4-8-08</u> DAYTIME PHONE: <u>561-967-3337</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	