

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

02-14-2008 90026 042 ****61.25

DOCUMENT # N01000008393

1. Entity Name
WIDENER VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US**

Mailing Address
**3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US**

40025083



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1589606

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

2-6-08

**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 NELOMS, JEROME 2200 WIDENER TERR WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD POLIN, STEPHEN 2193 WIDENER TERR WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SHELLEY, LISA 2232 WIDENER TERR WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/08
Date

Daytime Phone #