

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

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90070 015 ****61.25

DOCUMENT # N01000009045

1. Entity Name
**DANFORTH VILLAGE HOMEOWNERS ASSOCIATION,
INC.**



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

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

40042162



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0573522

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEWSOME, JOHN
WELLINGTON MANAGEMENT, INC.
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

**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 PD
NAME CLARK, BARRY
STREET ADDRESS 2635 DAN FORTH TERR.
CITY- ST- ZIP WELLINGTON, FL 33414

TITLE VD
NAME ELM, JOSEPH
STREET ADDRESS 9265 DELEMAR CT.
CITY- ST- ZIP WELLINGTON, FL 33414

TITLE STD
NAME OLSEN, ROBERT
STREET ADDRESS 2628 DANFOAH TERR.
CITY- ST- ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #