

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000009045

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** DANFORTH VILLAGE HOMEOWNERS ASSOCIATON, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 01-0573522

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWSOME, JOHN  
WELLINGTON MANAGEMENT, INC.  
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: PD ( ) Delete  
Name: CLARK, BARRY  
Address: 2635 DAN FORTH TERR.  
City-St-Zip: WELLINGTON, FL 33414

Title: VD ( ) Delete  
Name: ELM, JOSEPH  
Address: 9265 DELEMAR CT.  
City-St-Zip: WELLINGTON, FL 33414

Title: STD ( ) Delete  
Name: OLSEN, ROBERT  
Address: 2628 DANFOAH TERR.  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARRY CLARK

P

01/19/2009

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

\_\_\_\_\_  
Date