

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90205 006 ****70.00

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1. Entity Name
**WELLINGTON HOMEOWNERS VOLUNTARY
MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business
**827 GREENBELT CIRCLE
BRANDON, FL 33510-2518**

Mailing Address
**P.O. BOX 1073
SEFFNER, FL 33583-1073**

4000000000



04242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1250607

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WINN, MELISSA
827 GREENBELT CIRCLE
BRANDON, FL 33510-2518**

**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, 2006

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 CONKLIN, CANDACE V 903 GREENBELT CIRCLE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWARTWOOD, SYLVIA 908 GREENBELT CIRCLE BRANDON, FL 335102518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, PAMELA M 814 GREENBELT CIRCLE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINN, MELISSA 827 GREENBELT CIRCLE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVINGSTON, CHARLES K 810 GREENBELT CIRCLE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, ROBERT 805 GREENBELT CIRCLE BRANDON, FL 33510

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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: Melissa Winn 4.24.06 (813) 689-5435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #