

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000004896**

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**



04192007 No Chg-NP CR2E037 (4/06)

**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 reappointing)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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05/14/07-80014-004 70.00

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 #

*Melissa Winn* 04-23-07 813-689-5435