2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N03000004896

Entity Name: WELLINGTON HOMEOWNERS VOLUNTARY MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

827 GREENBELT CIRCLE
BRANDON, FL 335102518

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1073
SEFFNER, FL 335831073

New Mailing Address:

FEI Number: 65-1250607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WINN, MELISSA
827 GREENBELT CIRCLE
BRANDON, FL 335102518 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:	CONKLIN, CANDACE V	
Address:	903 GREENBELT CIRCLE	
City-St-Zip:	BRANDON, FL 33510	
Title:	VD	( ) Delete
Name:	SWARTWOOD, SYLVIA	
Address:	908 GREENBELT CIRCLE	
City-St-Zip:	BRANDON, FL 335102518	
Title:	D	( ) Delete
Name:	NICHOLS, PAMELA M	
Address:	814 GREENBELT CIRCLE	
City-St-Zip:	BRANDON, FL 33510	
Title:	SD	( ) Delete
Name:	WINN, MELISSA	
Address:	827 GREENBELT CIRCLE	
City-St-Zip:	BRANDON, FL 33510	
Title:	D	( ) Delete
Name:	LIVINGSTON, CHARLES K	
Address:	810 GREENBELT CIRCLE	
City-St-Zip:	BRANDON, FL 33510	
Title:	TD	( ) Delete
Name:	WHITE, ROBERT	
Address:	805 GREENBELT CIRCLE	
City-St-Zip:	BRANDON, FL 33510	

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:	
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: MELISSA WINN SD 04/30/2009

Electronic Signature of Signing Officer or Director — Date