

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N06000005825
 1. Entity Name
 WESTFORD VILLAS P.O.A., INC.



Principal Place of Business
 2476 N ESSEX AVE
 HERNANDO, FL 34442

Mailing Address
 2476 N ESSEX AVE
 HERNANDO, FL 34442



04102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4981707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ABEL, ERIC D
 2476 N ESSEX AVE
 HERNANDO, FL 34442

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 _____ (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

U00000904356
 05/01/08-80009-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABEL, ERIC D 2476 N ESSEX AVE HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTOR, JOHN E 2476 N ESSEX AVE HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISKILL, DEB 2476 N ESSEX AVE HERNANDO, FL 34442
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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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 of supplemental reports 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: ERIC D. ABEL **4/14/08** **352-746-6060**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ERIC D. ABEL