

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005825

**Entity Name:** WESTFORD VILLAS P.O.A., INC.

**Current Principal Place of Business:**

2476 N ESSEX AVE  
HERNANDO, FL 34442

**Current Mailing Address:**

2476 N ESSEX AVE  
HERNANDO, FL 34442

**FEI Number:** 20-4981707

**Certificate of Status Desired:** No

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

ABEL, ERIC D  
2476 N ESSEX AVE  
HERNANDO, FL 34442 US

*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

**Officer/Director Detail :**

Title PD  
Name GREINER, LYDIA  
Address 2476 N ESSEX AVE  
City-State-Zip: HERNANDO FL 34442

Title TD  
Name PASTOR, JOHN E  
Address 2476 N ESSEX AVE  
City-State-Zip: HERNANDO FL 34442

Title SD  
Name BRADDOCK, SHERI  
Address 2476 N ESSEX AVE  
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR  
Name GOLDBERGER, NEIL  
Address 2476 N ESSEX AVE  
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR  
Name WISSER, CHERYL  
Address 2476 N ESSEX AVE  
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR  
Name MATTHEWS, STEPHEN  
Address 2476 N ESSEX AVE  
City-State-Zip: HERNANDO FL 34442

Title DIRECTOR  
Name HUGHES, CARYN  
Address 2476 N ESSEX AVE  
City-State-Zip: HERNANDO FL 34442

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHERI BRADDOCK

**SD**

**04/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date