



Companies House
— for the record —

AR01 (ef)

Annual Return



Received for filing in Electronic Format on the: **25/02/2010**

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Company Name: **PONTYGWAITH REGENERATION PARTNERSHIP LTD**

Company Number: **05049709**

Date of this return: **19/02/2010**

SIC codes: **7487**

Company Type: **Private company limited by guarantee**

Situation of Registered Office: **31 LLEWELLYN STREET PONTYGWAITH FERNDAL
RHONDDA CYNON TAFF CF43 3LE**

Officers of the company

Company Secretary **1**

Type: **Person**

Full forename(s): **MR CHRISTOPHER**

Surname: **MEREDITH**

Former names:

Service Address: **26 REGENT STREET FERNDAL E RHONDDA CYNON TAFF
WALES CF43 4HB**

Company Director **1**

Type: **Person**

Full forename(s): **MISS MAIR**

Surname: **DAVIES**

Former names:

Service Address: **36 THE AVENUE PONTYGWAITH RHONDDA CYNON
TAFF WALES CF43 3LN**

Country/State Usually Resident: **WALES**

Date of Birth: **08/11/1945**

Nationality: **BRITISH**

Occupation: **RETIRED**

Company Director **2**

Type: **Person**

Full forename(s): **MR DAVID NIGEL**

Surname: **GRIFFITHS**

Former names:

Service Address: **47 MADELINE STREET PONTYGWAITH FERNDAL
RHONDDA CYNON TAFF WALES CF43 3LT**

Country/State Usually Resident: **WALES**

Date of Birth: **27/07/1948**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

Company Director **3**

Type: **Person**

Full forename(s): **MR CYRIL THOMAS**

Surname: **JONES**

Former names:

Service Address: **17 GROVE HOUSE COURT PONTYGWAITH FERNDAL
RHONDDA CYNON TAFF WALES CF43 3LJ**

Country/State Usually Resident: **WALES**

Date of Birth: **26/03/1936**

Nationality: **BRITISH**

Occupation: **AMBULANCE OFFICER
(RETIRED)**

Company Director **4**

Type: **Person**

Full forename(s): **MR GARETH**

Surname: **TAYLOR**

Former names:

Service Address: **26 BREWERY STREET PONTYGWAITH FERNDALE
RHONDDA CYNON TAFF WALES CF43 3LL**

Country/State Usually Resident: **WALES**

Date of Birth: **17/08/1960**

Nationality: **BRITISH**

Occupation: **CONSULTANT**

Company Director **5**

Type: **Person**

Full forename(s): **MR CHRISTOPHER**

Surname: **MUTCH**

Former names:

Service Address: **TY MYNYDD FARM STANLEY TOWN WALES CF43
3EY**

Country/State Usually Resident: **WALES**

Date of Birth: **25/05/2009**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.