

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724994

Entity Name: 440 WEST, INC.

FILED
Mar 05, 2008
Secretary of State

Current Principal Place of Business:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-1803782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REARDON, MAUREEN C
4151 WOODLANDS PARKWAY
PALM HARBOR, FL 34685 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: SD () Delete
Name: WILLARD, GILLIAN
Address: 440 S GULFVIEW BLVD #807 N
City-St-Zip: CLEARWATER, FL 33767

Title: D () Delete
Name: PALASKY, JON
Address: 440 S GULFVIEW BLVD #506S
City-St-Zip: CLEARWATER, FL 33767

Title: PD () Delete
Name: LAPOINTE, NORMAND
Address: 450 S. GULFVIEW BLVD. #301
City-St-Zip: CLEARWATER, FL 33767

Title: VPD () Delete
Name: SCHAFF, MICHAEL
Address: 440 S. GULFVIEW BLVD. #506
City-St-Zip: CLEARWATER, FL 33767

Title: D () Delete
Name: WEEDEN, SAM
Address: 440 S GULFVIEW BLVD., #703N
City-St-Zip: CLEARWATER, FL 33767

Title: TD () Delete
Name: MOORE, CLAIRE
Address: 440 S. GULFVIEW BLVD. #1501N
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PALASKY, JON
Address: 450 S GULFVIEW BLVD #202S
City-St-Zip: CLEARWATER, FL 33767

Title: VPD (X) Change () Addition
Name: LAPOINTE, NORMAND
Address: 450 S. GULFVIEW BLVD. #301S
City-St-Zip: CLEARWATER, FL 33767

Title: PD (X) Change () Addition
Name: LOCKART, CLARKE
Address: 440 S. GULFVIEW BLVD. #1106N
City-St-Zip: CLEARWATER, FL 33767

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: CLARKE LOCKART

PRES

03/05/2008

Electronic Signature of Signing Officer or Director

Date