
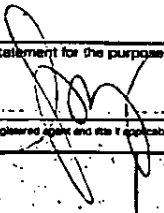



FILED
Mar 11, 2004 8:00 am
Secretary of State

02-17-2004 90017 015 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000005685			
1. Entity Name THE CLASSIC TOWNHOMES OF WEST PARK VILLAGE ASSOCIATION, INC.			
Principal Place of Business 4131 GUNN HWY. TAMPA, FL 33624		Mailing Address 4131 GUNN HWY. TAMPA, FL 33624	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3657544		Applied For Not Applicable	
5. Additional Filings SR.75		6. Name and Address of Current Registered Agent	
7. Name and Address of Registered Agent DENISE SCHEK, LCAM 4131 GUNN HIGHWAY GREENACRE PROPERTIES, INC. TAMPA, FL 33624		Steve Mezer Bush, Ross, Gardner & Rudy 220 S. Franklin Street Tampa, FL 33602	
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 		DATE 2/24/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	PD	TITLE	PD
NAME	NOVAK, JOHN	NAME	Swearington, Hunter
STREET ADDRESS	9427 WEST PARKE VILLAGE DR.	STREET ADDRESS	10024 Tate Lane
CITY-ST-ZIP	TAMPA, FL 33628	CITY-ST-ZIP	Tampa, FL 33626
TITLE	DST	TITLE	
NAME	WITONSKI, MARIA	NAME	
STREET ADDRESS	10017 TATE LANE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33626	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	SCHILLER, MARCIE	NAME	
STREET ADDRESS	10007 TATE LANE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33628	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report 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: 		DATE 2/7/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	