


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90050 014 ****61.25

DOCUMENT # N99000005685

1. Entity Name
THE CLASSIC TOWNHOMES OF WEST PARK VILLAGE ASSOCIATION, INC.



Principal Place of Business
**3974 TAMPA ROAD
B
OLDSMAR FL 34677**

Mailing Address
**PO BOX 2157
OLDSMAR FL 34677**

22005037



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4131 Gunn Hwy

3. Mailing Address
4131 Gunn Hwy

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33624

Country

4. FEI Number **59-3657544**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~**HANSON, JACK
3974 TAMPA ROAD
B
OLDSMAR FL 34677**~~

7. Name and Address of New Registered Agent

Name: **Denise Schek, LCAM**

Street: **Greenacre Properties, Inc.
4131 Gunn Highway**

City: **Tampa, FL 33624**

Zip Code

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: *Denise Schek* DATE: 2/3/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHILLER, BRYAN 10007 TATE LANE TAMPA FL 33626	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NOVAK, JOHN 9427 WEST PARK VILLAGE DRIVE TAMPA FL 33626	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WITONSKI, MARIA 10017 TATE LANE TAMPA FL 33626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Novak, John 9427 West Parke Village Dr. Tampa, FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP Schiller, Marcie 10007 Tate Lane Tampa, FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Denise Schek* **SIGNATURE REQUIRED**

02/03/03

CR2E037 (10/02)