


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005965
1. Entity Name
RUSH PARK WEST OWNERS ASSOCIATION, INC.



Principal Place of Business: 451 WEST PARK DRIVE, MARY ESTHER, FL 32569
Mailing Address: PO BOX 925, MARY ESTHER, FL 32569

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07172007 No Chg-NP CR2E037 (4/06)

4. FEI Number: 59-3439302 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NEWMAN, RAYMOND F JR
LAW FIRM OF BECKER & POLIAKOOF, P.A
348 MIRACLE STRIP PKWY, STE 7
FORT WALTON BCH, FL 32548-5253

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COPUS, STEVEN
STREET ADDRESS	460 WEST PARK DR
CITY - ST - ZIP	MARY ESTHER, FL 32569
TITLE	SD
NAME	JORDAN, JEAN
STREET ADDRESS	451 W. PARK DR.
CITY - ST - ZIP	MARY ESTHER, FL 32569
TITLE	TD
NAME	BUTLER, KAREN
STREET ADDRESS	519 RUSH PARK CIRCLE
CITY - ST - ZIP	MARY ESTHER, FL 32569
TITLE	PD
NAME	BOWMAN, ERIC
STREET ADDRESS	502 RUSH PARK CIR
CITY - ST - ZIP	MARY ESTHER, 32 56969
TITLE	VD
NAME	LEE, GEORGE
STREET ADDRESS	500 RUSH PARK CIR
CITY - ST - ZIP	MARY ESTHER, FL 32569
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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08/07/07-80005-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jean Jordan JEAN JORDAN 7-30-07 (850) 581-5347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #