2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# N03000000989

Entity Name: WEST GROVE NATURE PRESERVE AND SPORTS CENTER, INC.

Current Principal Place of Business:

20500 COT RD
LUTZ, FL 33558

New Principal Place of Business:

20500 COT RD
UNIT 364
LUTZ, FL 33558

Current Mailing Address:

20500 COT RD
LUTZ, FL 33558

New Mailing Address:

20500 COT RD
UNIT 364
LUTZ, FL 33558

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILPOT, PETER J
20500 COT RD, UNIT 124
LUTZ, FL 33558

Name and Address of New Registered Agent:

CHAUNCEY, JOHN M
20500 COT RD
UNIT 364
LUTZ, FL 33558

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: J. MICHAEL CHAUNCEY 01/06/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHAUCEY, MICHAEL
Address: 20500 COT RD, UNIT 364
City-St-Zip: LUTZ, FL 33558

Title: VD ( ) Delete
Name: PESSAGNO, JOANN E
Address: 2000 LAKE LINDA CIRCLE
City-St-Zip: LUTZ, FL 33558

Title: SD ( ) Delete
Name: PHILPOT, PETER J
Address: 20500 COT RD, UNIT 124
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Delete
Name: BOTELL, STEPHANIE
Address: 20500 COT RD, 364
City-St-Zip: LUTZ, FL 33558

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHAUNCEY, MICHAEL
Address: 20500 COT RD, UNIT 364
City-St-Zip: LUTZ, FL 33558

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

Title: SD (X) Change ( ) Addition
Name: MC GEACHAN, RUTH
Address: 20500 COT RD, UNIT 363
City-St-Zip: LUTZ, FL 33558

Title: TD (X) Change ( ) Addition
Name: BOTELL, STEPHANIE
Address: 20500 COT RD, 364
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Change (X) Addition
Name: HOBBS, GERALD C
Address: 20500 COT RD,UNIT 405
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL CHAUNCEY PD 01/06/2004
Electronic Signature of Signing Officer or Director Date