## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # N97000002522 04-29-2004 90336 002 \*\*\*\*61.25 1. Entity Name WESTLAND COMMUNITIES ASSOCIATION, INC. Principal Place of Business Mailing Address 9889-1 SAN JOSE BLVD 9889-1 SAN JOSE BLVD JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 2. Principal Place of Business 4003 Hartley Suite, Apt. #, etc. 3. Mailing Address 4003 Suite, Apt. #, etc. 03232004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3450609 City & State City & State Applied For Jacks-onville, Jacksonville Not Applicable \$8.75 Additional 5. Certificate of Status Desired 43A Fee Required 6. Name and Address of Current Registered Agent === 7. Name and Address of New Registered Agent Street Address (P.O! Box Number is Not Acceptable) SIGNATURE REALTY 9889-1 SAN JOSE BLVD ATTN:BRYAN CANTRELL 4003 Hartley Rd JACKSONVILLE, FL: 32257 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 regi SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be ´. 🗆 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS THILE Defete TITLE Addition George Country 1 7452 Late Plantation Ln PELLET, VITINA NAME NAME STREET ADDRESS 6322 LAKE PLANTATION DR STREET ADDRESS Jacksonville, FL CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE, FL 32244 DVP michelle Nicholson Addition TITLE 💢 Delete TITLE ☐ Change CASSADY, JOHNNY NAME 6210 Duciny Rd STREET ADDRESS 6316 LAKE PLANTATION DR STREET ADDRESS Jacksonville, Fr 32244 CITY-ST-ZIP JACKSONVILLE, FL 32244 CITY-ST-7(P 19437 CLIS Co Hage DI Addition TITLE ☐ Delete TITLE Change CRANSTIN, GEORGE NAME 7452 LAKE PLANTATION LANE STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32244 Tacksonille to 32344 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE 1 2 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 recover 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 of the corporation or the rec dress, v changed, or on an attachn 904-387-5777 SIGNATURE: ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**