

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90208 007 ****61.25

DOCUMENT # N97000002522

1. Entity Name
WESTLAND COMMUNITIES ASSOCIATION, INC.



Principal Place of Business
**9471 BAYMEADOWS ROAD, SUITE 403
JACKSONVILLE FL 32256**

Mailing Address
**9471 BAYMEADOWS ROAD, SUITE 403
JACKSONVILLE FL 32256**



2. Principal Place of Business
9889-1 SAN JOSE BLVD
Suite, Apt. #, etc.

3. Mailing Address
9889-1 SAN JOSE BLVD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville FL
Zip
32257
Country
USA

City & State
Jacksonville FL
Zip
32257
Country
USA

4. FEI Number **59-3450609**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**YOUNG, JAMES R
9471 BAYMEADOWS ROAD, SUITE 403
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name
SIGNATURE REALTY
Street Address (P.O. Box Number is Not Acceptable)
9889-1 SAN JOSE BLVD
City
JACKSONVILLE FL Zip Code
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 registered agent.

SIGNATURE **[Signature]**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/03

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	D	<input type="checkbox"/> Delete
NAME	STAPP, MARK	
STREET ADDRESS	6106 SOUTH 32ND STREET	
CITY-ST-ZIP	PHOENIX AZ 85040	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, JAMES R	
STREET ADDRESS	9471 BAYMEADOWS ROAD, SUITE 403	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWELL, WILLIAM R II	
STREET ADDRESS	300 W ADAMS ST, STE 440	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITINA PELLOT	
STREET ADDRESS	6322 LAKE PLANTATION DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSADY, JOHNNY	
STREET ADDRESS	6316 LAKE PLANTATION DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTEN, GEORGE	
STREET ADDRESS	7452 LAKE PLANTATION LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**

3/26/03

(904) 317-0760

CR2E037 (10/02)