## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 724994** 

Entity Name: 440 WEST, INC.

**FILED** Mar 17, 2020 **Secretary of State** 0272986875CC

## **Current Principal Place of Business:**

4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685

## **Current Mailing Address:**

4151 WOODLANDS PARKWAY PALM HARBOR. FL 34685 US

FEI Number: 59-1803782 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

REARDON, MAUREEN C 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRF Title VP/S

PETROVICH, MARY Name Name SCICCHITANO, TONY

Address 4151 WOODLANDS PARKWAY 4151 WOODLANDS PARKWAY Address

City-State-Zip: PALM HARBOR FL 34685 City-State-Zip: PALM HARBOR FL 34685

Title D Title **TREASURER** 

Name PALASKY, BOB Name DITTMER, MICHAEL

Address 4151 WOODLANDS PARKWAY Address 4151 WOODLANDS PARKWAY PALM HARBOR FL 34685 City-State-Zip: City-State-Zip: PALM HARBOR FL 34685

Title **DIRECTOR** Name BAKER, ANN CARAYANNOPOULOS, GEORGE Name

Address 4151 WOODLANDS PARKWAY 4151 WOODLANDS PARKWAY Address

Title

DIRECTOR

City-State-Zip: PALM HARBOR FL 34685 PALM HARBOR FL 34685 City-State-Zip:

Title DIRECTOR

LUCARELLI, SKIP Name

4151 WOODLANDS PARKWAY Address City-State-Zip: PALM HARBOR FL 34685

I hereby 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 all other like empowered.

03/17/2020 SIGNATURE: MARY PETROVICH **PRESIDENT**