

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008708

**Entity Name:** WESLEY HAVEN VILLA, INC.**Current Principal Place of Business:**1520 COOPER HILL ROAD  
BIRMINGHAM, AL 35210**Current Mailing Address:**1520 COOPER HILL ROAD  
BIRMINGHAM, AL 35210**FEI Number:** 04-3743805**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DANIEL, JOHN P  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32501 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 D  
Name TOMLIN, CHRISTOPHER W  
Address 1520 COOPER HILL ROAD  
City-State-Zip: BIRMINGHAM AL 35210

Title PRESIDENT  
Name SALTER, BETTY  
Address 1425 FINLEY DRIVE  
City-State-Zip: PENSACOLA FL 32514

Title D  
Name ROBERTS, HENRY  
Address 6 EAST WRIGHT STREET  
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR  
Name GILES, MICHAEL D  
Address 1520 COOPER HILL ROAD  
City-State-Zip: BIRMINGHAM AL 35210

Title DIRECTOR  
Name BUDDY , ELMORE  
Address 5151 N 9TH AVENUE  
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR  
Name SADLER, HERB  
Address 3 FAIRPOINT DRIVE  
City-State-Zip: GULF BREEZE FL 32561

Title DIRECTOR  
Name STUMP, HARRY  
Address 213 TALLOW TREE DRIVE  
City-State-Zip: PENSACOLA FL 32506

Title SECRETARY  
Name TERRY , TAKACS  
Address 75 FAIRPOINTE DRIVE  
City-State-Zip: GULF BREEZE FL 32561

**Continues on page 2**

*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.*

**SIGNATURE: MICHAEL D. GILES****DIRECTOR****04/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 WOODARD, BOB  
Address             9635 QUAIL HOLLOW BLVD  
City-State-Zip:    PENSACOLA   FL  32514

Title                   DIRECTOR  
Name                 MCCLELLAN, STEPHAN  A  
Address             1479 W. DETROIT BLVD  
City-State-Zip:    PENSACOLA   FL  32534

Title                   VP  
Name                 KIRKLAND , SAM  
Address             8904 BURNINGTREE ROAD  
City-State-Zip:    PENSACOLA   FL  32514