

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003283

**Entity Name:** TOWNHOMES OF WEST PARK VILLAGE ASSOCIATION, INC.

**FILED**  
**Feb 06, 2020**  
**Secretary of State**  
**7109704394CC**

**Current Principal Place of Business:**

4131 GUNN HWY  
TAMPA, FL 33618

**Current Mailing Address:**

4131 GUNN HWY  
TAMPA, FL 33618

**FEI Number:** 59-3657517

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

APPLETON, ERIC N  
220 S FRANKLIN ST  
TAMPA, FL 33601 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           | P                   | Title           | T                |
| Name            | CLEMENTE, JEFFREY   | Name            | MILLMAN, KENNETH |
| Address         | 4131 GUNN HWY       | Address         | 4131 GUNN HWY    |
| City-State-Zip: | TAMPA FL 33618      | City-State-Zip: | TAMPA FL 33618   |
| <br>            |                     | <br>            |                  |
| Title           | VP                  | Title           | S                |
| Name            | HERNANDEZ, MICHELLE | Name            | HANSON, PAUL     |
| Address         | 4131 GUNN HWY       | Address         | 4131 GUNN HWY    |
| City-State-Zip: | TAMPA FL 33618      | City-State-Zip: | TAMPA FL 33618   |
| <br>            |                     | <br>            |                  |
| Title           | D                   |                 |                  |
| Name            | FAWIN, DANIIL       |                 |                  |
| Address         | 4131 GUNN HWY       |                 |                  |
| City-State-Zip: | TAMPA FL 33618      |                 |                  |

*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:** JEFFREY CLEMENTE

P

02/06/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date