

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710442

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** THE WEST PASCO BAR ASSOCIATION , INC.

**Current Principal Place of Business:**

8520 GOVERNMENT DR  
SUITE 2  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1955  
NEW PORT RICHEY, FL 34656 US

**New Mailing Address:**

**FEI Number:** 59-2290872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIEG, JENNY S  
8520 GOVERNMENT DRIVE  
SUITE 2  
NEW PORT RICHEY, FL 34654 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SIEG, JENNY S  
Address: 8520 GOVERNMENT DR, STE 2  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PED  
Name: DIAZ, DEBORA  
Address: 5946 MAIN ST  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD  
Name: DAVIS, GARY L  
Address: 9020 RANCHO DEL RIO, STE 101  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD  
Name: COLON, AMANDA L  
Address: 2144 SEVEN SPRINGS BLVD, STE 410  
City-St-Zip: TRINITY, FL 34655

Title: SD  
Name: KLAWIKOFSKY, JOHN M  
Address: 4352 US HWY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: JENNY S SIEG

PD

01/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date