

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # 747358



1. Entity Name
**WESTWOOD VILLAS CONDOMINIUM ASSOCIATION,
INC.**

Principal Place of Business

**4970 PARK BLVD
PINELLAS PARK, FL 33781 US**

Mailing Address

**C/O ADVANCED PROPERTY MANAGEMENT, INC.
P.O. BOX 66507
ST PETE BEACH, FL 33736 US**



02012007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2004901

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEIDENREICH, HENRY
4970 PARK BLVD
PINELLAS PARK, FL 33781**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PYLES, STUART
STREET ADDRESS 6042 1ST AVE SOUTH #32
CITY-ST-ZIP ST PETERSBURG, FL 33707

TITLE VPD
NAME MILLER, DAVID
STREET ADDRESS 6042 1ST AVE S, # 25
CITY-ST-ZIP SAINT PETERSBURG, FL 33707

TITLE SD
NAME HERRING, DONALD
STREET ADDRESS 6010 1ST AVE. S. #24
CITY-ST-ZIP ST PETERSBURG, FL 33707

TITLE TD
NAME FUSILLO, NANCY
STREET ADDRESS 6050 1ST AVE S #34
CITY-ST-ZIP SAINT PETERSBURG, FL 33707

TITLE D
NAME LAMBERTSON, JUDITH
STREET ADDRESS 6058 1ST AVE S, #29
CITY-ST-ZIP SAINT PETERSBURG, FL 33707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000656407
03/14/07-60024-008 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Stuart Pyles **STUART PYLES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-07 727-421-6502
Date Daytime Phone #