2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #763873

FILED Mar 15, 2006 8:00 am Secretary of State 03-15-2006 90109 024 ****61.25

1. Entity Nam WESTBU INC.		TES HOMEOW	/NER'S AS	SSOCIATION	l ,								
Principal Place of Business 1637 NW 20TH ST HOMESTEAD, FL 33030			1637	Mailing Address 1637 NW 20TH ST HOMESTEAD, FL 33030					18 BNBS 1(8) 1971	IPPEZ HH		0269	7
2. Principal P	lace of Busine	?\$\$	3. Mali	ing Address									
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				02032006	Chg-NP		CR2E	37 (11/05)	
City & State			Cit	City & State				4. FEI Number Applied For 65-0078632 Not Applieable					· · · · · · · · · · · · · · · · · · ·
Zip	Country					intry	5. Certificate of Status Des			Fee Required			
·	6. Name	and Address of Curr	ent Registere	d Agent				7. Name an	d Address of	New Re	gistered	Agent	
VANHEUSEN, MELISSA 1644 NW 20TH ST HOMESTEAD, FL 33030						Street A	·····	Bla Box Numb	Ke Der is Not Acc 20 St	eptable))		
						City	<u>nes</u> t	eua .			FI	Zip Cod	е 03 О
	e named entity tions of registe	submits this statemer ered agent.	nt for the purp	ose of changing its	registere	Ied office or	r register	ed agent, or b	oth, in the Stat	e of Flo	rida. Iam	familiar with	
SIGNATURE.	Signature, typed o	onnu	<u> 15la</u>	ela mor	T. D				 		3//	3/06	
	Do	nna Blat	ie.	wcabie. (NO)	t: negistere	d Agent signati	ure required	when renstating)			DATE		
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Independent of the information supplied with this filling 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: _

FRONTED NAME OF SIGNING OFFICER OF DIRECTOR