

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90036 007 ***150.00

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1. Entity Name
WEST PORT COLONY APARTMENTS, INC.

Principal Place of Business
**C/O INVESCO INC.
5400 LBJ FREEWAY, LB 2, SUITE 700
DALLAS, TX 75240**

Mailing Address
**C/O INVESCO INC.
5400 LBJ FREEWAY, LB 2, SUITE 700
DALLAS, TX 75240**

54027444



2. Principal Place of Business
13155 Noel Rd. Suite 500

3. Mailing Address
13155 Noel Road, Suite 500

03122004 Chg-P CR2E034 (10/03)

City & State
Dallas, Texas

City & State
Dallas, Texas

4. FEI Number
25-2949375

Applied For
Not Applicable

Zip
75240

Country

Zip
75240

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FARMER, DAVID N	
STREET ADDRESS	5400 LBJ FREEWAY, LB2, SUITE 700	
CITY-ST-ZIP	DALLAS, TX 75240	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	RAGSDALE, RONALD L	
STREET ADDRESS	5400 LBJ FREEWAY, LB2, SUITE 700	
CITY-ST-ZIP	DALLAS, TX 75240	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	KIRBY, MICHAEL	
STREET ADDRESS	5400 LBJ FREEWAY, LB2, SUITE 700	
CITY-ST-ZIP	DALLAS, TX 75240	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	BOIKO, TERRELL	
STREET ADDRESS	5400 LBJ FREEWAY, LB2, SUITE 700	
CITY-ST-ZIP	DALLAS, TX 75240	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	JOHNSON, KEVIN	
STREET ADDRESS	5400 LBJ FREEWAY, LB2, SUITE 700	
CITY-ST-ZIP	DALLAS, TX 75240	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	KITTLES, SALLY	
STREET ADDRESS	5400 LBJ FREEWAY, LB2, SUITE 700	
CITY-ST-ZIP	DALLAS, TX 75240	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: *Chiryan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04
Date

972-715-7400
Daytime Phone #