


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90030 013 ****61.25

DOCUMENT # N00000004073 1. Entity Name WEST LAKE GARDENS OF ST. ANDREWS PARK ASSOCIATION, INC.					
Principal Place of Business 899 ADDINGTON CT VENICE FL 34293		Mailing Address P.O. BOX 8065 NORTH PORT FL 34287			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 4105 S. TAMIAHI TR., PMB #173 VENICE, FL 34293		4. FEI Number 65-1022576	
Country USA		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTRARES GROUP, INC 760 SUGARWOOD WAY VENICE FL 34293				7. Name and Address of New Registered Agent ANTRARES GROUP, INC. 4105 S. TAMIAHI TR., PMB #173 VENICE FL 34293	
RECEIVED JAN 28 2006					
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: <i>[Signature]</i> CYNTHIA C. KRUMENAKER 02.10.06 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYNNE, JOHN 902 ADDINGTON CT, #104 VENICE FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIBARTOLOMEO, STEVE 901 ADDINGTON CT, # 202 VENICE FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAINRIGHT, DONNA 901 ADDINGTON CT, # 204 VENICE FL 34293	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO BENNER, MARY 900 ADDINGTON CT, # 203 VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KRUMENAKER, CYNTHIA C 760 SUGARWOOD WAY VENICE FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUTLER, JIM 901 ADDINGTON CT, #101 VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAYNE, JOAN 900 ADDINGTON CT, # 103 VENICE, FL 34293 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **JOHN WYNNE** 02.10.06 941-408-8739