
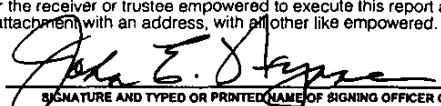


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90100 042 \*\*\*\*61.25

<b>DOCUMENT # N00000004073</b> 1. Entity Name <b>WEST LAKE GARDENS OF ST. ANDREWS PARK ASSOCIATION, INC.</b>					
Principal Place of Business <b>899 ADDINGTON CT VENICE, FL 34293</b>			Mailing Address <b>C/O ANTARES GROUP, INC 4195 S. TAMiami TR., PMB #173 VENICE, FL 34293</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1022576</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ANTARES GROUP, INC 4195 S. TAMiami TRAIL, PMB #173 VENICE, FL 34293</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WYNNE, JOHN		NAME		
STREET ADDRESS	902 ADDINGTON CT, # 104		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DIBARTOLOMEO, STEVE		NAME	TLO PETERSON, Jim	
STREET ADDRESS	901 ADDINGTON CT, # 202		STREET ADDRESS	904 ADDINGTON CT, # 201	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE, FL 34293	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENDER, MARY		NAME		
STREET ADDRESS	900 ADDINGTON CT., #203		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRUMENAKER, CYNTHIA C		NAME		
STREET ADDRESS	760 SUGARWOOD WAY		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTLER, JIM		NAME	BUTLER, Jim	
STREET ADDRESS	901 ADDINGTON CT #101		STREET ADDRESS	901 ADDINGTON CT, #101	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	VENICE, FL 34293	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAYNE, JOHN		NAME		
STREET ADDRESS	900 ADDINGTON CT. #103		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>  <b>John Wynne</b> 03.09.07 941-484-7900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					