
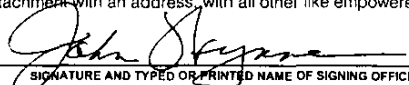


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90078 013 \*\*\*\*61.25

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # N00000004073</b><br>1. Entity Name<br><b>WEST LAKE GARDENS OF ST. ANDREWS PARK ASSOCIATION, INC.</b>   |  |   |   |    |  |
| Principal Place of Business<br><b>899 ADDINGTON CT<br/>VENICE, FL 34293</b>  |  |   | Mailing Address<br><b>C/O ANTARES GROUP, INC<br/>4195 S. TAMiami TR., PMB #173<br/>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  |  | Country   |   | 4. FEI Number<br><b>65-1022576</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ANTARES GROUP, INC<br/>4195 S. TAMiami TRAIL, PMB #173<br/>VENICE, FL 34293</b>  |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>  |  |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>WYNNE, JOHN<br>902 ADDINGTON CT, # 104<br>VENICE, FL 34293     | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>PETERSON, JUN<br>904 ADDINGTON CT #201<br>VENICE, FL 34293     | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP/D<br>PETERSON, Jim<br>904 ADDINGTON CT. #201<br>VENICE, FL 34293<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>BENDER, MARY<br>900 ADDINGTON CT., #203<br>VENICE, FL 34293    | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SID<br>O'CONNELL, SHEILA<br>903 ADDINGTON CT. #101<br>VENICE, FL 34293<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | AS<br>KRUMENAKER, CYNTHIA C<br>760 SUGARWOOD WAY<br>VENICE, FL 34293 | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BUTLER, JIM<br>901 ADDINGTON CT #101<br>VENICE, FL 34293        | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T/D<br>Butler, Jim<br>901 ADDINGTON CT. #101<br>VENICE, FL 34293<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>PAYNE, JOHN<br>900 ADDINGTON CT. #103<br>VENICE, FL 34293      | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Bender, Jim<br>903 ADDINGTON CT. #103<br>VENICE, FL 34293<br><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 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> 03.07.08 941-484-7900<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |   |   |  |