2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006837

FILED Jul 06, 2007 Secretary of State

Entity Name: WEST END COMMUNITY ASSOCIATION INC.

| Current Principal Place of Business: | | New Prince | New Principal Place of Business: | |
|---|--|---|---|--|
| 860 BAR 1ARIANN | NES ST A, FL 32448 | | | |
| urrent M | lailing Address: | New Maili | ng Address: | |
| O BOX 5 IARIANN | 815 A, FL 32447 | | | |
| accordan | : 59-3686185 FEI Number Applied For () ice with s. 607.193(2)(b), F.S., the corporation did id Address of Current Registered Agent: | · · · · · · · · · · · · · · · · · · · | | |
| | URICE M | . Tumo uma | , , , , , , , , , , , , | |
| 818 ORA | NGE ST A, FL 32448 US | | | |
| | e named entity submits this statement for the e of Florida. | e purpose of changing i | ts registered office or registered agent, or both, | |
| i the Stat SIGNATU | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Electronic Signature of Registered | Agent | Date | |
| FFICER | S AND DIRECTORS: | ADDITION | S/CHANGES TO OFFICERS AND DIRECTOR | |
| itle: ame: ddress: ity-St-Zip: | P () Delete WALKER, JOHN 2863 BORDEN ST MARIANNA, FL 32448 | Title: Name: Address: City-St-Zip: | P (X) Change () Addition RHODES, MYRTLE 2983 EVA MAE STREET MARIANNA, FL 32448 | |
| itle: ame: | D () Delete CLAY, CHALULLAH 4073 ENGLISH ROAD | Title: Name: | SD (X) Change () Addition CLAY, CHALULLAH | |
| ddress: ity-St-Zip: | MARIANNA, FL 32448 | Address: City-St-Zip: | 4073 ENGLISH ROAD MARIANNA, FL 32448 | |
| ddress: ity-St-Zip: tle: ame: ddress: | | | 4073 ENGLISH ROAD | |
| ddress: ity-St-Zip: ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress: | MARIANNA, FL 32448 D () Delete KELLY, LEON 3604 BUMPNOSE ROAD | City-St-Zip: Title: Name: Address: | 4073 ENGLISH ROAD MARIANNA, FL 32448 | |
| ddress: | MARIANNA, FL 32448 D () Delete KELLY, LEON 3604 BUMPNOSE ROAD MARIANNA, FL 32446 VD () Delete MILTON, HOWARD 4215 HICKORY LANE | City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: | 4073 ENGLISH ROAD MARIANNA, FL 32448 () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE M. CLAY D 07/06/2007