


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90017 043 ****61.25

DOCUMENT # N00091					
1. Entity Name VILLAS AT CYPRESS RUN - WEST OWNERS' ASSOCIATION, INC.					
Principal Place of Business 3060 ALTERNATE 19 N STE B-15 PALM HARBOR, FL 34683			Mailing Address 3060 ALTERNATE 19 N STE B-15 PALM HARBOR, FL 34683		
2. Principal Place of Business 3060 ALTERNATE 19 N Suite, Apt. #, etc. STE B-15			3. Mailing Address SAME		
City & State PALM HARBOR FL			City & State PALM HARBOR FL		
Zip 34683		Country USA		4. FEI Number 59-2344333	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WHETZEL, TERRI B CMCA, AMS 2165 TREVOR RD PALM HARBOR, FL 34683-1733			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 DS NAME GARRITY, THOMAS STREET ADDRESS 922 GULLANE DR CITY - ST - ZIP TARPON SPRINGS, FL 34688	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME GODFREY, CHARLES STREET ADDRESS 2639 ROYAL LIVERPOOL DR CITY - ST - ZIP TARPON SPRINGS, FL 346886337	<input checked="" type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME RYAN, DANIEL P STREET ADDRESS 962 GULLANE DRIVE CITY - ST - ZIP TARPON SPRINGS, FL 346886333	<input type="checkbox"/> Delete		TITLE PD NAME RYAN, DANIEL P. STREET ADDRESS 962 GULLANE DRIVE CITY - ST - ZIP TARPON SPRINGS FL 34688-6333	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME ELMERS, CYNTHIA B STREET ADDRESS 2631 ROYAL LIVERPOOL DRIVE CITY - ST - ZIP TARPON SPRINGS, FL 346886337	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME KAUFMAN, ROBERT M STREET ADDRESS 2595 ROYAL LIVERPOOL DRIVE CITY - ST - ZIP TARPON SPRINGS, FL 346886335	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME MERRILY JACKSON STREET ADDRESS 942 GULLANE DR CITY - ST - ZIP TARPON SPRINGS, FL 34688-6333	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY - ST - ZIP _____	<input type="checkbox"/> Delete		TITLE TD NAME DAVID P. PAETZOLD STREET ADDRESS 2604 ROYAL LIVERPOOL DR CITY - ST - ZIP TARPON SPRINGS, FL 34688-6310	<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 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/8/04 727 937 2960 <small>Date Daytime Phone #</small>		