

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000002755

1. Entity Name
WEST END CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2106 BEACH TRAIL
INDIAN ROCKS BEACH, FL 33785 US**

Mailing Address
**20 BAYWOOD CT.
PALM HARBOR, FL 34683**



03162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3726929	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GUINAND, JOEL H
20 BAYWOOD CT
PALM HARBOR, FL 34683**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOURCHENKO, ALICE G 2106 BEACH TRAIL INDIAN ROCKS BEACH, FL 33785
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRY, MATILE G 2106 BEACH TRAIL INDIAN ROCKS BEACH, FL 33785
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUINAND, JOEL H 20 BAYWOOD CT. PALM HARBOR, FL 34684
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUINAND, THOMAS A 3642 SHADY LANE PALM HARBOR, FL 34683
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

U00000674942
03/29/07-80089-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joel H. Guinand 3/16/07

Date

Daytime Phone #