

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000002755</b> 1. Entity Name <b>WEST END CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>2106 BEACH TRAIL</b> <b>INDIAN ROCKS BEACH, FL 33785 US</b>	Mailing Address <b>20 BAYWOOD CT.</b> <b>PALM HARBOR, FL 34683</b>
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**DO NOT WRITE IN THIS SPACE**



01202008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3726929</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>GUINAND, JOEL H</b> <b>20 BAYWOOD CT</b> <b>PALM HARBOR, FL 34683</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000795652  
01/28/08-80056-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	KOURCHENKO, ALICE G
STREET ADDRESS	2106 BEACH TRAIL
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	D
NAME	HENDRY, MATILE G
STREET ADDRESS	2106 BEACH TRAIL
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	STD
NAME	GUINAND, JOEL H
STREET ADDRESS	20 BAYWOOD CT.
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	PD
NAME	GUINAND, THOMAS A
STREET ADDRESS	3642 SHADY LANE
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** Joel H. Guinand **Joel H. Guinand** 1/20/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #