2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N01000002755

Entity Name: WEST END CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2106 BEACH TRAIL
INDIAN ROCKS BEACH, FL 33785 US

New Principal Place of Business:

Current Mailing Address:

20 BAYWOOD CT.
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-3726929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KOURCHENKO, ALICE G
Address: 2106 BEACH TRAIL
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D ( ) Delete
Name: HENDRY, MATILE G
Address: 2106 BEACH TRAIL
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: STD ( ) Delete
Name: GUINAND, JOEL H
Address: 20 BAYWOOD CT.
City-St-Zip: PALM HARBOR, FL 34684

Title: PD ( ) Delete
Name: GUINAND, THOMAS A
Address: 3642 SHADY LANE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOEL H. GUINAND STD 02/04/2009

Electronic Signature of Signing Officer or Director — Date