2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0100007760 1. Entity Name WESTLAND UMBRELLA ASSOCIATION, INC.



FILED Feb 25, 2004 08:00 AM Secretary of State

Principal Place of Business

9471 BAYMEADOWS RD., STE. 403 JACKSONVILLE, FL 32256

Mailing Address 9471 BAYMEADOWS RD., STE. 403 JACKSONVILLE, FL. 32256



DO NOT WRITE IN THIS SPACE

04-3621531

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, JAMES R 9471 BAYMEADOWS RD., STE. 403 JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

			IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered (office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE				Agent signature required when reinstating) DATE		
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financin Trust Fund Contribution.	g 🗆	\$5.00 May Be Added to Fees	<u> </u>	
10. OFFICERS AND DIRECTORS					1 00 / 05 / 04 - 00 054 - 016 - 81 . 25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, JAMES R 9471 BAYMEADOWS RD., STE. 402 JACKSONVILLE, FL 32256		<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAPP, MARK 6106 S. 32ND ST. PHOENIX, AZ 85040					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, WILLIAM R II PO BOX 60, ORTEGA STATION JACKSONVILLE, FL 32210		<u></u>	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	프리 PRE - 18 (8) 이 E 이 () 1,2 (3-22 <u></u>	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	•					
12. I hereby o	certify that the information supplied with this fi	ling does not qualify for the exemp	ion state	d'în Séction 119.07(3)	(i), Florida Statutes, I further certify that the information	

Thereby certify that the information supplied with this filling 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 is 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

12-20-04

984) 731-9452 Payline Phone #