


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000007760 1. Entity Name WESTLAND UMBRELLA ASSOCIATION, INC.	
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Principal Place of Business 9471 BAYMEADOWS RD., STE. 403 JACKSONVILLE, FL 32256	Mailing Address 9471 BAYMEADOWS RD., STE. 403 JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 04-3621531	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOUNG, JAMES R 9471 BAYMEADOWS RD., STE. 403 JACKSONVILLE, FL 32256
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(f), 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: <i>James R. Young</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>13-10-05</i>	Daytime Phone #: <i>(904) 943-2387</i>
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