
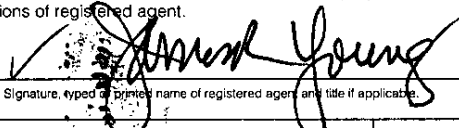
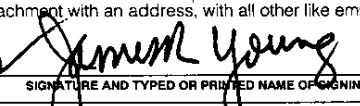


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90334 014 \*\*\*\*61.25

<b>DOCUMENT # N01000007760</b> 1. Entity Name <b>WESTLAND UMBRELLA ASSOCIATION, INC.</b>					
Principal Place of Business <b>9471 BAYMEADOWS RD., STE. 403 JACKSONVILLE, FL 32256</b>			Mailing Address <b>9471 BAYMEADOWS RD., STE. 403 JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business <b>8833 Perimeter Park Blvd</b> Suite, Apt. #, etc. <b>Suite 1104</b> City & State <b>Jacksonville, FL</b> Zip <b>32216</b>		3. Mailing Address <b>Same as #2</b> Suite, Apt. #, etc.  City & State  Zip  Country			
4. FEI Number <b>04-3621531</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>YOUNG, JAMES R</b> <b>9471 BAYMEADOWS RD., STE. 403</b> <b>JACKSONVILLE, FL 32256</b>			7. Name and Address of New Registered Agent Name <b>NO CHANGE</b> Street Address (P.O. Box Number is Not Acceptable)  <b>same as #2</b> City <b>FL</b> Zip Code		
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  <b>James R. Young</b> DATE <b>3-1-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, JAMES R 9471 BAYMEADOWS RD., STE. 403 JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same as #2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAPP, MARK 6106 S. 32ND ST. PHOENIX, AZ 85040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, WILLIAM R II PO BOX 60, ORTEGA STATION JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>James R. Young</b> DATE <b>3-1-06</b> DAYTIME PHONE # <b>(904) 993-2387</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01192006 Chg-NP CR2E037 (11/05)