2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000007760

1. Entity Name WESTLAND UMBRELLA ASSOCIATION, INC.



Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90213 010 ****61.25

FILED

| Principal Place of Business 8833 PERIMETER PRK BLVD STE 1104 JACKSONVILLE, FL 32216 | | | Mailing Address 8833 PERIMETER PRK BLVD STE 1104 JACKSONVILLE, FL 32216 | | | 400 | | 1881 1881 1881 1881 | | |
|--|--|---|--|---|---|--|---|---|---|--|
| | | ness - No P.O. Box # Avenue Nor | 3. Mailing Address h 134 Second | 134 Second Avenue Nor | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | ng-NP CR2E | 037 (12/06) | | |
| City & State Jacksonville Beach, FL | | | City & State Jacksonville Beach | | | 4. FEI Number Applied For Not Applicable | | | | |
| 32250 Duva1 | | ^{Zip} 32250 | 32250 Duv | | 5. Certificate of St | atus Desired | \$8.75 Add Fee Required | | | |
| | 6. Name | and Address of Current F | | | | | ress of New Registere | d Agent | | |
| YOUNG, JAMES R 8833 PERIMETER PRK BLVD STE 1104 JACKSONVILLE, FL 32216 | | | | | ^{Name} ichael A. Walters | | | | | |
| | | | | | Streat Address (P.O. Box Number is Not Acceptable) Frow Ter White Boggs Banker P.A. | | | | | |
| · | | | | | | 50 No. Laura Street, Suite 2 200 | | | | |
| | | | | | City Jacks | sonville | F | L 322 | 2 | |
| 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 famillar with, and accept the obligations of registered agent. | | | | | | | | | | |
| SIGNATURE X MUME TO Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| | _ | e is \$61.25 May 1, 2007 | | Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees | 4 | eck payable to artment of St | | |
| 10. | | OFFICERS AND DIR | ECTORS | 11. | | | ES TO OFFICERS AND | DIRECTORS IN | 10 | |
| TITLE | D YOUNG, JAMES R | | 🔀 Delete | Delete TITLE | | esident/D nes Alexa | | ☐ Change | Addition | |
| NAME STREET ADDRESS | - | | | | | | | | | |
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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 any service of the corporation of the c

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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