
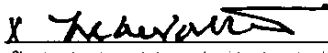
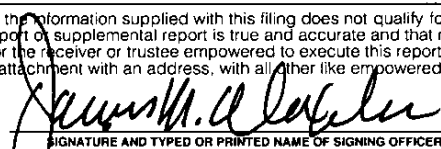


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90213 009 ****61.25

DOCUMENT # N03000002364					
1. Entity Name GREENS AT WESTLAND COMMUNITES, INC.					
Principal Place of Business 8833 PERIMETER PRK BLVD STE 1104 JACKSONVILLE, FL 32216			Mailing Address 8833 PERIMETER PRK BLVD STE 1104 JACKSONVILLE, FL 32216		
2. Principal Place of Business - No P.O. Box # 134 Second Avenue North		3. Mailing Address 134 Second Avenue North			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville Beach, FL		City & State Jacksonville Beach, FL		4. FEI Number 20-0731441	
Zip 32250		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YOUNG, JAMES R 8833 PERIMETER PRK BLVD STE 1104 JACKSONVILLE, FL 32216			Name Michael A. Walters Street Address (P.O. Box Number is Not Acceptable) Fowler White Boggs Banker P.A. 50 North Laura Street, Suite 2200 City Jacksonville FL Zip Code 32202		
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 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PS	NAME YOUNG, JAMES R		<input checked="" type="checkbox"/> Delete	TITLE President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8833 PERIMETER PRK BLVD STE 1104	CITY-ST-ZIP JACKSONVILLE, FL 32216			NAME James Alexander	STREET ADDRESS 134 Second Avenue North
CITY-ST-ZIP JACKSONVILLE, FL 32216				CITY-ST-ZIP Jacksonville, FL 32250	
TITLE VP	NAME STAPP, MARK S		<input checked="" type="checkbox"/> Delete	TITLE Vice President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 15828 SOUTH 35TH WAY	CITY-ST-ZIP PHOENIX, AZ 85048			NAME James McCumber	STREET ADDRESS 7502 Plantation Bay Drive
CITY-ST-ZIP PHOENIX, AZ 85048				CITY-ST-ZIP Jacksonville, FL 32244	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			NAME Batey McGraw	STREET ADDRESS 7502 Plantation Bay Drive
CITY-ST-ZIP 				CITY-ST-ZIP Jacksonville, FL 32244	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			NAME 	STREET ADDRESS
CITY-ST-ZIP 				CITY-ST-ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 			NAME 	STREET ADDRESS
CITY-ST-ZIP 				CITY-ST-ZIP 	
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: 			Date 4/26/07 Daytime Phone # 904720436		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					