## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N03000002364

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

1. Entity Name GREENS AT WESTLAND COMMUNITES, INC.						Storing	14-27-2007 <del>9</del>	0213 009	101.23
Principal Place of Business 8833 PERIMETER PRK BLVD STE 1104 JACKSONVILLE, FL 32216			Mailing Address 8833 PERIMETER PRK BLVD STE 1104 JACKSONVILLE, FL 32216					<b>at</b> iik <b>aaiia</b> ii <b>aas</b> iiki <b>a a</b> i	
2. Principal Place of Business - No P.O. Box # 134 Second Avenue North Suite, Apt. #, etc.			3. Mailing Address 134 Second Avenue Nort Suite, Apt. #, etc.			th		CR2E037 (12/0	
City & State Jacksonville Beach, FL			City & State Jacksonville Beach, FI			4. FEI Number			Applied For Not Applicable
32250 Country Duval		32250 Cour Duva			5. Certificate of Status Desired			8.75 Additional ee Required	
	6. Name	and Address of Current R	A1			7. Name and Add			
YOUNG, J.			M1			ichael A.			
8833 PERI STE 1104						s (P.O. Box Number is White Bo			
JACKSON	VILLE, FL	32216				th Laura S	Street,		
					Jackson Jackson	nville		FL   43	2202
	named entity ions of regist	y submits this statement for ered agent.	the purpose of changing its	s registere	d office or regis	tered agent, or both, in	n the State of Flor	rida. I am familiar v	with, and accept
J	ٽ		-						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
									1
	-	e is \$61.25 lay 1, 2007	9. Election Ca Trust Fund			\$5.00 May Be Added to Fees		ike check payat da Department d	
10.	-		Trust Fund		on.	Added to Fees  ADDITIONS/CHANG	Florid SES TO OFFICER	da Department o	of State
TITLE	Due by M	1ay 1, 2007 OFFICERS AND DIRE	Trust Fund	11.	on.	Added to Fees  ADDITIONS/CHANGE esident/Di	Florid SES TO OFFICER Linector	da Department o	of State
	PS YOUNG,	OFFICERS AND DIRE	Trust Fund ECTORS	11. TITLE NAME	pn.   Pro	Added to Fees  ADDITIONS/CHANG	Floridates TO OFFICER	da Department on S AND DIRECTOR Cha	of State
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indicated on this report of suppremental 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:**