## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004248

FILED Apr 13, 2007 Secretary of State

Entity Name: WEST PARK VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2180 WEST STATE ROAD 434 **SUITE 5000** LONGWOOD, FL 327795044 **New Mailing Address: Current Mailing Address:** 2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 90-0083004 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete WELSEY, BEVIN SHAUN, CHRISTOPHER Name: Name: 9418 WEST PARK VILLAGE DR #108 Address: 9417 CAVENDISH DR #104 Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33626 Title: Title: (X) Change ( ) Addition () Delete CALLAN, JIM Name: BROWER, CYNTHIA Name: Address: 9502 WEST PARK VILLAGE DR #104 Address: 9510 GEORGIAN PARK LN #103 City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33626 Title: () Delete Title: SD (X) Change ( ) Addition GRANT, WILLIAM E JR BERGER, JASON Name: Name: 9502 WEST PARK VILLAGE DR #107 10409 CRIMSON PARK LN #108 Address: Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33626 Title: () Delete Title: TD ( ) Change (X) Addition Name: Name: HO KEN 9410 GEORGIAN PARK LN #102 Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33626 Title: () Delete Title: ( ) Change (X) Addition SHAUN, MARIA Name: Name: 9417 CAVENSIDH DR #104 Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER SHAUN PD 04/13/2007