

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90026 049 ****61.25

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03032007 Chg-NP CR2E037 (12/06)

DOCUMENT # N04000003086 1. Entity Name WEST END VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 220 CHARLES STREET PORT ORANGE, FL 32119			Mailing Address 220 CHARLES STREET PORT ORANGE, FL 32119		
2. Principal Place of Business - No P.O. Box # 1515 Herbert St, Unit 207		3. Mailing Address 1515 Herbert St, Unit 207			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port Orange, FL		City & State Port Orange, FL		4. FEI Number 20-2111575	
Zip 32129		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUMBLESON, DOYLE J 150 SOUTH PALMETTO AVENUE., SUITE A DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name Mark S. Topol Street Address (P.O. Box Number is Not Acceptable) 1515 Herbert Street, Unit 207 City Port Orange, FL Zip Code 32129		
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 <small>Signature typed or printed name of registered agent and title if applicable</small>				DATE 3-26-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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 NAME STREET ADDRESS CITY-ST-ZIP	PD LACOUR, E V 220 CHARLES STREET PORT ORANGE, FL 32119	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John Shelley 1515 Herbert St, Unit 207 Port Orange, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MYERS, CHRISTINA D 220 CHARLES STREET PORT ORANGE, FL 32119	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TD Mark S. Topol 1515 Herbert St, Unit 207 Port Orange, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TEELON, CHARLES W 220 CHARLES STREET PORT ORANGE, FL 32119	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ira Wendorf 1515 Herbert St, Unit 207 Port Orange, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3/8/07 Daytime Phone # 386-761-7841	