


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000003086	
1. Entity Name WEST END VILLAGE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1515 HERBERT ST UNIT 207 PORT ORANGE, FL 32129	Mailing Address 1515 HERBERT ST UNIT 207 PORT ORANGE, FL 32129
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DO NOT WRITE IN THIS SPACE



02012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2111575	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TOPOL, MARK
1515 HERBERT ST UNIT 207
PORT ORANGE, FL 32129**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000858229 04/01/08-80037-004 61.25
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME SHELLEY, JOHN
STREET ADDRESS 1515 HERBERT ST UNIT 207	CITY- ST- ZIP PORT ORANGE, FL 32129
TITLE TD	NAME TOPOL, MARK S
STREET ADDRESS 1515 HERBERT ST UNIT 207	CITY- ST- ZIP PORT ORANGE, FL 32129
TITLE SD	NAME WENDORF, IRA
STREET ADDRESS 1515 HERBERT ST UNIT 207	CITY- ST- ZIP PORT ORANGE, FL 32129
TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP
TITLE	NAME
STREET ADDRESS	CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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:  **3/10/8**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #