

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003086

FILED  
Mar 01, 2009  
Secretary of State

**Entity Name:** WEST END VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1515 HERBERT ST UNIT 207  
PORT ORANGE, FL 32129

**New Principal Place of Business:**

1515 HERBERT ST UNIT 213  
PORT ORANGE, FL 32129

**Current Mailing Address:**

1515 HERBERT ST UNIT 207  
PORT ORANGE, FL 32129

**New Mailing Address:**

1515 HERBERT ST UNIT 213  
PORT ORANGE, FL 32129

FEI Number: 20-2111575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: SHELLEY, JOHN  
Address: 1515 HERBERT ST UNIT 207  
City-St-Zip: PORT ORANGE, FL 32129

Title: TD ( ) Delete  
Name: TOPOL, MARK S  
Address: 1515 HERBERT ST UNIT 207  
City-St-Zip: PORT ORANGE, FL 32129

Title: SD ( ) Delete  
Name: WENDORF, IRA  
Address: 1515 HERBERT ST UNIT 207  
City-St-Zip: PORT ORANGE, FL 32129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: SHELLEY, JOHN  
Address: 1515 HERBERT ST UNIT 213  
City-St-Zip: PORT ORANGE, FL 32129

Title: PD (X) Change ( ) Addition  
Name: TOPOL, MARK S  
Address: 1515 HERBERT ST UNIT 207  
City-St-Zip: PORT ORANGE, FL 32129

Title: SD (X) Change ( ) Addition  
Name: CONNORS, KENNITH P  
Address: 5531 S RIDGEWOOD AVE UNIT 4  
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify 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: JOHN A SHELLEY

TD

03/01/2009

Electronic Signature of Signing Officer or Director

Date