


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011816	
1. Entity Name WEST PACES OWNERS ASSOCIATION, INC.	

Principal Place of Business 3994 NW COLONIAL GLEN LAKE CITY, FL 32055	Mailing Address 3994 NW COLONIAL GLEN LAKE CITY, FL 32055
---	---

DO NOT WRITE IN THIS SPACE



01072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-1266675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BREWER, DAVID 3994 NW COLONIAL GLEN LAKE CITY, FL 32055	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 re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSES, MIKE ROUTE 21, BOX 448 LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, TYSON ROUTE 8, BOX 633 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BREWER, DAVID 3994 NW COLONIAL GLEN LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000424851
02/18/06-80068-011 61.25

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____