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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11000 (9)

1. Corporation Name
WEST END VILLAS COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2830 NW 41 ST STE F GAINESVILLE FL 32606 US	P O BOX 147050 SUITE 30 GAINESVILLE FL 32614-7050 US

3. Date Incorporated or Qualified: 09/06/1985
4. FEI Number: 59-2780039 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SMITH, BEVERLY K
2830 NW 41 ST
STE F
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SHAFFER, JIM		1.2 NAME		
STREET ADDRESS	821 NW 124 DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL		1.4 CITY-ST-ZIP	32669	
TITLE	VPD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	LAMASON, ROBERT		2.2 NAME	Curasi, Janet	
STREET ADDRESS	1066 N.W. 125TH DRIVE		2.3 STREET ADDRESS	1050 NW 125th Drive	
CITY-ST-ZIP	NEWBERRY FL		2.4 CITY-ST-ZIP	Newberry, FL 32669	
TITLE	TTD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	MAITER, JOYCE		3.2 NAME	Hilliard, Betty	
STREET ADDRESS	810 NW 125 DR		3.3 STREET ADDRESS	851 NW 125th Drive	
CITY-ST-ZIP	NEWBERRY FL		3.4 CITY-ST-ZIP	Newberry, FL 32669	
TITLE	VPD	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	SHIPE, PAUL		4.2 NAME		
STREET ADDRESS	924 NW 124 DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL		4.4 CITY-ST-ZIP	32669	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WEAVER, JEAN		5.2 NAME	Broyles, Rhea	
STREET ADDRESS	824 NW 124 DRIVE		5.3 STREET ADDRESS	823 NW 125th Drive	
CITY-ST-ZIP	NEWBERRY FL		5.4 CITY-ST-ZIP	Newberry, FL 32669	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [signature] 3-17-98 352-332-1979