## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N11000

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

**NEWBERRY FL 32669** 

HILLIARD, BETTY

SHIPE, PAUL

924 NW 124 DR

851 NW 125TH DR

**NEWBERRY FL 32669** 

**NEWBERRY FL 32669** 

BROYLES, RHEA

823 NW 125TH DR

**NEWBERRY FL 32669** 

SD ·

WEST END VILLAS COMMUNITY ASSOCIATION, INC.

							` ,				
Principal Plac	e of Business	Mai	ling Address								
STE F	2830 NW 41 ST P O BOX 147050 STE F SUITE 30										
GAINESVILLE US	FL 32606	U\$	NESVILLE FL 32614-7050				1 1991((1) 881 1199) (1911 B				
2. Principal F	Place of Business	2a.	Mailing Address				3. Date Incorporated or Qu 09/06/1985	alifed			
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	<u></u>			4. FEI Number 59-2780039			Applied For Not Applicable	
- City & Sta	te		City & State	•			5. Certifcate of Status Desi	ired 🗀	<b>—</b> — — · ·	5 Additional Required	
Zip	Country 25		Zip Country				Election Campaign Final Trust Fund Contribution	ncing		00 May Be ed to Fees	
24	9. Name and Address of Curre		ered Agent	<del>'</del> [			10. Name and Address of	New Registered	Agent		
				81	Nan	ne					
SMITH. B	SMITH, BEVERLY K					et Addres	Address (P.O. Box Number is Not Acceptable)				
2830 NW											
STE F	•			83	ĺ						
į	ILLE FL 32606			84				<u> </u>	<b>-</b>	ip Code	
office or	to the provisions of Sections 617.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	of Florida	a. Such change was auth	orized by	the co	ed corpor orporation	ration submits this statement in it is board of directors. I hereby	for the purpose of accept the appo	of changing ointment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered ag		andleshia (NOTE: Da	nistered Ace	ot ekonoti	ure required v	when reinstating)	DATE			
12.	OFFICERS A		-,,,	13.	n organica		ADDITIONS/CHANGES 1	O OFFICERS A	ND DIREC	TORS IN 12	
TITLE	PD	IND DIREC	T DELETE	1.1 TITLE		1			☐ Chang	ge 🔲 Additio	
NAME	SHAFFER, JIM			1.2 NAME							
STREET ADDRESS	821 NW 124 DR			1.3 STREE	TADDRE	ss					
CITY-ST-ZIP	NEWBERRY FL 32669			1.4 CITY-5	T-ZIP	l					
TITLE	TD		☐ DELETE	2.1 TITLE					Chan	ge 🔲 Additi	
NAME	CURASI, JANET		4	2.2 NAME							
CTDEET ADDRESS	1050 NW 125TH DR			2.3 STREE	T ADDRE	ess					

☐ DELETE

DELETE

☐ DELETE

☐ DELETE

6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 receives or inustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address with all other like empowered.

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

VPD

Beard, Fred

826 nw 125 Dr.

Newherry Fi 32669

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE: AMESICAL VALLE CYANGES C.	SHAFFER 31	8/99
OTOTAL OF THE WAS ON POWER NAME OF HOME OF THE OF THE OTOTAL OTOT	Dote -	Daytime Pho

Apr 19, 1999 8:00 am Secretary of State

☐ Addition

☐ Addition

☐ Addition

Addition

☐ Addition

Addition

Change

☐ Change

☐ Change

☐ Change

**FILED** 

04-19-1999 90014 026 \*\*\*\*61.25