2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11000

1. Entity Name

WEST END VILLAS COMMUNITY ASSOCIATION, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90027 044 ****61.25

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite F
City & State	City & State Gainesville FL
Zip / Country	Zip 32606 / Country USA

4. FEI Number 59-2780039 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, BEVERLY K 2830 NW 41 ST STE F GAINESVILLE FL 32606	Name PAT Tapp Street Address (P.O. Box Number is Not Acceptable) 2830 NW 41 ST. Suite F City Gainesville FL Zip Code 32606

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.

SIGNATURE Pat Tapp 3/15/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHAFFER, JIM 821 NW 124 DR NEWBERRY FL 32669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CURASI, JANET 1050 NW 125TH DR NEWBERRY FL 32669	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Goad, Robert 1008 NW 124 Dr. Newberry FL 32669	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HILLIARD, BETTY 851 NW 125TH DR NEWBERRY FL 32669	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Richardson, Mae 832 NW 124 Dr. Newberry FL 32669	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BEARD, FRED 826 NW 125 DR NEWBERRY FL 32669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROYLES, RHEA 823 NW 125TH DR NEWBERRY FL 32669	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Krajick, Martha 1029 NW 124 Dr. Newberry FL 32669	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: Mae V. Richardson ELECTRONICALLY SIGNED 2-15-00 352) 374-8090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #