2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
04-12-2001 90166 046 ****61.25

DOCUMENT # N11000

1. Entity Name

WEST END VILLAS COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2830 NW 41 ST STE F GAINESVILLE FL 32606 US	2830 NW 41 ST SUITE F GAINESVILLE FL 32606 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4400 NW 36th Ave	4400 NW 36th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville FL	City & State: Gainesville FL
Zip: 32606 Country: US	Zip: 32606 Country: US

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
TRIPPE, PAT- 2830 NW 41 ST STE F GAINESVILLE FL 32606	Name Street Address (P.O. Box Number is Not Acceptable): 4400 NW 36th Ave 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 Trippe 4-10-01
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	TD HINELY, MARY ANN 803 NW 125th DR Newberry FL 32669	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GOOD, ROBERT 1008 NW 124 DRIVE NEWBERRY FL 32669	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Kimlinger, ROSE 1046 NW 125th DRIVE Newberry FL 32669	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RICHARDSON, MAE 832 NW 129 DRIVE NEWBERRY FL 32669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RICHARDSON, MAE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BRARD, FRED 826 NW 125 DR NEWBERRY FL 32669	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOWNIE, RICHARD 1056 NW 124th DR Newberry, FL 32669	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KRAJICEK, MARTHA 1029 NW 124 DRIVE NEWBERRY FL 32669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KRAJICK, MARTHA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Marsha M. Krajick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #