

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90454 015 ****61.25

DOCUMENT # N11000

1. Entity Name

WEST END VILLAS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

4400 NW 36TH AVENUE
GAINESVILLE FL 32606
US

Mailing Address

4400 NW 36TH AVENUE
GAINESVILLE FL 32606
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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
4400 NW 36TH AVENUE
GAINESVILLE FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BROYLES, RICHARD Rhea
STREET ADDRESS 823 NNW 125 DR
CITY-ST-ZIP NEWBERRY FL 32669

TITLE V ☐ Delete
NAME WHIDDON, CHERYL
STREET ADDRESS 1013 NW 124 DR
CITY-ST-ZIP NEWBERRY FL 32669

TITLE S ☒ Delete
NAME PHINNEY, PAUL
STREET ADDRESS 1012 NW 124 DR
CITY-ST-ZIP NEWBERRY FL 32669

TITLE T ☒ Delete
NAME LANG, MADELINE
STREET ADDRESS 1022 NW 125 DRIVE
CITY-ST-ZIP NEWBERRY FL 32669

TITLE D ☒ Delete
NAME MCINTYRE, ANNELLE
STREET ADDRESS 1029 NW 124 DRIVE
CITY-ST-ZIP NEWBERRY FL 32669

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Change ☒ Addition
NAME Vanderhoek, John
STREET ADDRESS 1071 NW 125 Dr
CITY-ST-ZIP Newberry, FL 32669

TITLE SD ☒ Change ☐ Addition
NAME Whiddon, Cheryl
STREET ADDRESS 1013 NW 124 Dr
CITY-ST-ZIP Newberry, FL 32669

TITLE TD ☐ Change ☒ Addition
NAME Holloway, Sherry
STREET ADDRESS 1055 NW 125 Dr
CITY-ST-ZIP Newberry, FL 32669

TITLE D ☐ Change ☒ Addition
NAME Beard, Fred
STREET ADDRESS 826 NW 125 Dr
CITY-ST-ZIP Newberry, FL 32669

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

4/12/06 (352) 332-1162 Sherry Stalder