2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000

FILED Apr 24, 2007 Secretary of State

Entity Name: WEST END VILLAS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4400 NW 36TH AVENUE 12500 W. NEWBERRY RD GAINESVILLE, FL 32606 US NEWBERRY, FL 32669 **Current Mailing Address: New Mailing Address:** C/O ACTION REAL ESTATE SERVICES 4400 NW 36TH AVENUE 6110-B NW 1ST PL GAINESVILLE, FL 32606 US GAINESVILLE, FL 32607 US FEI Number: 59-2780039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRIPPE, PAT SAUSAMAN, JEFFREY 4400 NW 36TH AVENUE 6110-B NW 1ST PL US GAINESVILLE, FL 32607 GAINESVILLE, FL 32606 US 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: D. JEFFREY SAUSAMAN 04/24/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BROYLES, RICHARD VANDERHOEK, JOHN Name: Name: 823 NNW 125 DR Address: 1071 NNW 125 DR Address: City-St-Zip: NEWBERRY, FL 32669 City-St-Zip: NEWBERRY, FL 32669 Title: SD Title: SD (X) Change () Addition () Delete WHIDDON, CHERYL Name: CURASI, JANET Name: Address: 1013 NW 124 DR Address: 1050 NW 125 DR City-St-Zip: NEWBERRY, FL 32669 City-St-Zip: NEWBERRY, FL 32669 Title: () Delete Title: () Change () Addition HALLOWAY, SHERRY Name: Name: 1055 NW 125 DR Address: Address: City-St-Zip: NEWBERRY, FL 32669 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BEARD, FRED Name: Address: 826 NW 125 DR Address: City-St-Zip: NEWBERRY, FL 32669 City-St-Zip: Title: () Delete Title: () Change (X) Addition HODGES, FRED Name: Name: 1004 NW 124TH DR Address: Address: City-St-Zip: City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN VANDERHOEK P 04/24/2007