

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000

FILED
Mar 14, 2008
Secretary of State

Entity Name: WEST END VILLAS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

12500 W. NEWBERRY RD
NEWBERRY, FL 32669 US

New Principal Place of Business:

Current Mailing Address:

C/O ACTION REAL ESTATE SERVICES
6110-B NW 1ST PL
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-2780039 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAUSAMAN, JEFFREY
6110-B NW 1ST PL
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VANDERHOEK, JOHN
Address: 1071 NNW 125 DR
City-St-Zip: NEWBERRY, FL 32669

Title: SD () Delete
Name: CURASI, JANET
Address: 1050 NW 125 DR
City-St-Zip: NEWBERRY, FL 32669

Title: TD () Delete
Name: HALLOWAY, SHERRY
Address: 1055 NW 125 DR
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: BEARD, FRED
Address: 826 NW 125 DR
City-St-Zip: NEWBERRY, FL 32669

Title: D () Delete
Name: HODGES, FRED
Address: 1004 NW 124TH DR
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: WEAVER, RONALD
Address: 1029 NNW 124 DR
City-St-Zip: NEWBERRY, FL 32669

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: HOLLOWAY, SHERRY
Address: 1055 NW 125 DR
City-St-Zip: NEWBERRY, FL 32669

Title: DV (X) Change () Addition
Name: BEARD, FRED
Address: 826 NW 125 DR
City-St-Zip: NEWBERRY, FL 32669

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHERRY HOLLOWAY

P

03/14/2008

Electronic Signature of Signing Officer or Director

Date