2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 8:00 am Secretary of State 04-20-2007 90082 018 ****61.25

_		 ,,		
1,	Entity Name			
٠.		 	 	

DOCUMENT # N11610



INC.	THASE WEST HOMEOWINE											
% VICTORY / 1375 GATEW	e of Business ACCTG SERVICE IAY BLVD EACH, FL 33426 US	Mailing Address PO BOX 243214 BOYNTON BEACH,	-		40072633							
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03302007 _C	hg-NP	CR2E037	(12/06)				
City & State		City & State			4. FEI Number 59-265670	00			plied For t Applicable			
Zip	Country	Zip	Zip Cour						8.75 Additional see Required			
6. Name and Address of Current Registered			_		7. Name and Add	dress of New R	egistered A	gent				
FEICHT, V	NCKI			Name								
1375 GAT	EWAY BLVD I BEACH, FL 33426	Street Address (P.O. Box Number is Not Acceptable)										
20111101												
				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.	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registere	ed Agent signature required	d when reinstating)		DATE					
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campa Trust Fund Cont				~ —	\$5.00 May Be Added to Fees	1	ake check Ida Departr					
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRI	ECTORS IN	10			
TITLE	PD	☐ Delete	TITL					Change	☐ Addition			
NAME OTDECT ADDRESS	JOY, MIKE	NAM		re Eet adoress								
CITY-ST-ZIP	REET ADDRESS 5772 PEBBLE BROOK LANE TY-ST-ZIP BOYNTON BEACH, FL 33437		CITY-									
TITLE	VPD	☐ Delete	TITL	E				☐ Change	Addition			
NAME STORET LODGESS	·		NAME STREET ADDRESS						1			
STREET ADDRESS CITY-ST-ZIP	5646 PEBBLE BROOK LANE BOYNTON BEACH, FL 33437			(-ST-ZIP								
TITLE	SD	☐ Defete	TITL	· ·				☐ Change	☐ Addition			
NAME	BASKIN, BRAD		NAM									
STREET ADDRESS	5760 PEBBLE BROOK LANE			EET ADORESS					ļ			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY	r-ST-ZIP								
TITLE	TD	☐ Delete	TITL					☐ Change	Addition			
NAME STREET ADDRESS	KINSLER, EVAN 8727 SPRING VALLEY DR		NAM STRE	re Eet adoress					1			
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			(-\$1-21P								
TITLE		☐ Delete	TATL	£				Change	Addition			
NAME			NAM	RE					_			
STREET ADDRESS CITY-ST-ZIP				EET ADORESS (-ST-ZIP								
TITLE		Delete	TITL					☐ Change	Addition			
NAME		_ 2300	NAM					•-				
STREET ADDRESS				EET ADORESS					[
CITY-ST-ZIP	portify that the information according to date	this filing days not such	(-ST-ZIP	N in Chapter 110. Fla	rida Statutos 11	further acrif	that the !-	formation				
i∡. i nereby (certify that the information supplied with	uns ining does not qual-	iy ior (ne exe	emplions contained	a in Criapter [19, Flo	niua Siatutes. H	unitier certify	r mar me in	iompation			

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 eath; 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:

561-731-1743

Daytime Phone #