

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # N20207**

1. Entity Name

WEST HILLS/UNIVERSITY ACRES/MEADOW  
WOOD/BLAKEMEADE NEIGHBORHOOD ASSOCIATION,



FILED

04 JUN 10 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E037 (4/04)

Principal Place of Business

6603 NW 18TH AVE  
GAINESVILLE FL 32605

Mailing Address

6603 NW 18TH AVE  
GAINESVILLE FL 32605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2958329

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DRYLLIE, SARA  
6603 NW 18TH AVE  
GAINESVILLE FL 32605

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 September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME DRYLLIE, SARA  
STREET ADDRESS 6603 N.W. 18TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Change ☐ Addition  
NAME 500038482365  
STREET ADDRESS 06/30/04--01046--022 \*\*\$61.25  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME MAHONEY, REBECCA  
STREET ADDRESS 1101 NW 61ST TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32605

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

TITLE SD ☐ Delete  
NAME LOSEN, KAY  
STREET ADDRESS 7520 NW 18TH AVE  
CITY-ST-ZIP GAINESVILLE FL

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

TITLE VP ☒ Delete  
NAME BATES, ALLEN  
STREET ADDRESS 1352 NW 61ST TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32605  
*To Be replaced  
@ next meeting*

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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: *Sara M. Dryllie, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-30-04 331-9944  
Date Daytime Phone #

(352)