


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N20207 1. Entity Name WEST HILLS/UNIVERSITY ACRES/MEADOW WOOD/BLAKEMEADE NEIGHBORHOOD ASSOCIATION,																																																																																																																	
Principal Place of Business 6603 NW 18TH AVE GAINESVILLE FL 32605				Mailing Address 6603 NW 18TH AVE GAINESVILLE FL 32605																																																																																																													
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																															
City & State		City & State		4. FEI Number 59-2958329																																																																																																													
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																													
DRYYLIE, 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 _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																	
FILE NOW: FEE IS \$61.25 Due By September 7, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																													
		Make Check Payable to Florida Department of State																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">10. PD OFFICERS AND DIRECTORS</th> <th colspan="3" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">NAME</td> <td style="width: 10%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">NAME</td> <td style="width: 10%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">6603 N.W. 18TH AVENUE</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">UN00000375610</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;">GAINESVILLE FL</td> <td></td> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;">08/05/05-80003-007 61.25</td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;">T</td> <td></td> <td style="padding: 5px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">MAHONEY, REBECCA</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;">1101 NW 61ST TERRACE</td> <td></td> <td style="padding: 5px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;">GAINESVILLE FL 32605</td> <td></td> <td style="padding: 5px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;">SD</td> <td></td> <td style="padding: 5px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE</td> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">LOSEN, KAY</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;">7520 NW 18TH AVE</td> <td></td> <td style="padding: 5px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td style="padding: 5px;">GAINESVILLE FL</td> <td></td> <td style="padding: 5px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">CITY- ST- ZIP</td> <td></td> <td></td> <td style="padding: 5px;">CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						10. PD OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	6603 N.W. 18TH AVENUE		STREET ADDRESS	UN00000375610		CITY- ST- ZIP	GAINESVILLE FL		CITY- ST- ZIP	08/05/05-80003-007 61.25		CITY- ST- ZIP	T		CITY- ST- ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	MAHONEY, REBECCA		STREET ADDRESS			CITY- ST- ZIP	1101 NW 61ST TERRACE		CITY- ST- ZIP			CITY- ST- ZIP	GAINESVILLE FL 32605		CITY- ST- ZIP			CITY- ST- ZIP	SD		CITY- ST- ZIP			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	LOSEN, KAY		STREET ADDRESS			CITY- ST- ZIP	7520 NW 18TH AVE		CITY- ST- ZIP			CITY- ST- ZIP	GAINESVILLE FL		CITY- ST- ZIP			CITY- ST- ZIP			CITY- ST- ZIP			CITY- ST- ZIP			CITY- ST- ZIP			CITY- ST- ZIP			CITY- ST- ZIP			CITY- ST- ZIP			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Sara M. Drylie</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8-01-05 (352) 331-9944 <small>Date Daytime Phone #</small>																																																																																																													