

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90417 011 ****61.25

DOCUMENT # N25015

1. Entity Name

**PATIO HOMES OF WEST END COMMUNITY
ASSOCIATION, INC.**



Principal Place of Business

**4400 NW 36TH AVENUE
GAINESVILLE FL 32606
US**

Mailing Address

**4400 NW 36TH AVENUE
GAINESVILLE FL 32606
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3006285

Applied For

Not Applicable

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

**TRIPP, PAT
4400 NW 36TH AVENUE
GAINESVILLE FL 32606**

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **LICHTY, CAROLYN**
CITY-ST-ZIP **12327 NW 9TH LANE
NEWBERRY FL 32669**

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **ENGH, CHRISTINE**
CITY-ST-ZIP **12332 NW 7 LANE
NEWBERRY FL 32669**

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **CHROCK, CLANCY**
CITY-ST-ZIP **12334 NW 8 PL
NEWBERRY FL 32669**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **WILSON, HODGE**
CITY-ST-ZIP **847 NW 122ND TERR
NEWBERRY FL 32669**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SCHOLEFIELD, RED**
CITY-ST-ZIP **12219 NW 9TH LANE
NEWBERRY FL 32669**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **VD**
STREET ADDRESS **De Palma, Daniel**
CITY-ST-ZIP **1041 NW 122 Ter
Newberry, FL 32669**

TITLE ☐ Change ☒ Addition
NAME **SD**
STREET ADDRESS **Elliot, Donna**
CITY-ST-ZIP **12216 NW 9 Lane
Newberry, FL 32669**

TITLE ☐ Change ☒ Addition
NAME **TD**
STREET ADDRESS **Gibbons, Carol**
CITY-ST-ZIP **12303 NW 7 Lane
Newberry, FL 32669**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Hodge, Wilson**
CITY-ST-ZIP **847 NW 122 Ter
Newberry, FL 32669**

TITLE ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS **Scholefield, Red**
CITY-ST-ZIP **12219 NW 9 Lane
Newberry, FL 32669**

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 exemptions contained in Section 119, 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: *Clifford L. Scholefield* **CLIFFORD L. SCHOLEFIELD** 4/17/06 352-331-8410