

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90167 007 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**Pat Tripp**

Street Address (P.O. Box Number is Not Acceptable)

**4400 NW 36TH Avenue**

City

**Gainesville**

**FL**

Zip Code

**32606**

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

*Pat Tripp*

Signature, typed or printed name of registered agent (not applicable)

(NOTE: Registered Agent signature required when reinstating)

Date

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	VD	<input type="checkbox"/> Delete
NAME	DE PALMA, DANIEL	
STREET ADDRESS	1041 NW 122 TERRACE	
CITY- ST- ZIP	NEWBERRY FL 32669	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ELLIOT, DONNA	
STREET ADDRESS	12216 NW 9 LN	
CITY- ST- ZIP	NEWBERRY FL 32669	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GIBBONS, CAROL	
STREET ADDRESS	12303 NW 7 LN	
CITY- ST- ZIP	NEWBERRY FL 32669	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, HODGE	
STREET ADDRESS	847 NW 122ND TERR	
CITY- ST- ZIP	NEWBERRY FL 32669	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHOLEFIELD, RED	
STREET ADDRESS	12219 NW 9TH LANE	
CITY- ST- ZIP	NEWBERRY FL 32669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEIGER, ROBERT	
STREET ADDRESS	923 NW 122nd TERRACE	
CITY- ST- ZIP	NEWBERRY, FL 32669	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLCZYNSKI, CLAUDE	
STREET ADDRESS	12338 NW 9th Lane	
CITY- ST- ZIP	NEWBERRY, FL 32669	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Carol Gibbons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #