
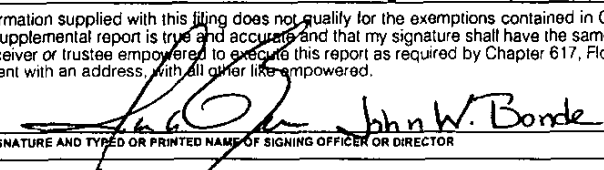


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90006 022 ****61.25

DOCUMENT # N32213 1. Entity Name THE WESTERN COMMUNITIES COUNCIL, INC.			
Principal Place of Business 12794 W FOREST HILL BLVD STE 23 WELLINGTON, FL 33414 US		Mailing Address 12794 W FOREST HILL BLVD STE 23 WELLINGTON, FL 33414 US	
2. Principal Place of Business - No P.O. Box # 12165 Forest Hill Blvd		3. Mailing Address 12165 Forest Hill Blvd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Wellington, FL		City & State Wellington, FL	
Zip 33414		Zip 33414	
Country 		Country 	
4. FEI Number 65-0126315		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BONDE, JOHN W 12794 W FOREST HILL BLVD STE 23 WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name: Bonde, John W. Street Address (P.O. Box Number is Not Acceptable) 12165 Forest Hill Blvd City: Wellington FL Zip Code: 33414	
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:  (NOTE: Registered Agent signature required when reinstating)			
DATE: 3/29/07			
Filing Fee is \$61.25 Due by May 1, 2007		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BONDE, JOHN 12794 W FOREST HILL BLVD WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 12165 Forest Hill Blvd. Wellington, FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LODWICK, DAVID 1050 ROYAL BCH BLVD WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARGOLIS, ROBERT 1400 GREENBRIAR BLVD WEST PALM BEACH, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Michelle Damone 13476 1st Street No. W. Palm Beach, FL 33412 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  John W. Bonde			
DATE: 3/29/07 (561) 771-4002			