

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N50478

1. Entity Name
**WEST LAKE LAND INDUSTRIAL PARK ASSOCIATION,
INC.**



Principal Place of Business
**41 LAKE MORTON DRIVE
LAKE LAND, FL 33801 US**

Mailing Address
**PO BOX 2420
LAKE LAND, FL 33806 US**



02062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3143515

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUTHVEN, JOE L
41 LAKE MORTON DRIVE
LAKE LAND, FL 33801**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	RUTHVEN, GREG
STREET ADDRESS	41 LAKE MORTON DR
CITY- ST- ZIP	LAKE LAND, FL 33801
TITLE	PD
NAME	RUTHVEN, JOE L
STREET ADDRESS	41 LAKE MORTON DRIVE
CITY- ST- ZIP	LAKE LAND, FL 33801
TITLE	ST
NAME	WATERS, PATRICIA
STREET ADDRESS	41 LAKE MORTON DRIVE
CITY- ST- ZIP	LAKE LAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000427723
02/21/06-80019-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Joe L Ruthven
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 7, 2006 863 686 317
Date Daytime Phone #