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

DOCUMENT # N94000004874



Mar 09, 2006 8:00 am Secretary of State 03-09-2006 90154 038 ****61.25

FILED

| Secondary Seco | 1. Entity Nam WEST OF ONE, INC | RANGE C | COMMITTEE OF C | NE HUN | IDRED AND | | | | 0.2 | -09-2000 | 0134 036 | 01. | 23 |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State A, FEI Number Applied FC, Not A | 12184 WEST COLONIAL DRIVE 1218 | | 12184 | 84 WEST COLONIAL DRIVE | | | | | | | | | |
| City & State City & State Desired Street Address of New Registered Agent The Address of New Registered Agent City & Street Address of New Registered Agent City & FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acct the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acct the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acct the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acct the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acct the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acct the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acct the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acct the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acct the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acct the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acct the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acct the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acct the obligations of registered a | 2. Principal Place of Business 3. Mai | | | 3. Mailin | ailing Address | | | | | | | | |
| Sp. 3576757 Not Applied Sp. 75 App | Suite, Apt. #, etc. St | | | Suite | uite, Apt. #, etc. | | | 01042006 C | hg-NP | CR2E037 | (11/05) | | |
| Signarum Signarum Signarum Signarum Agent Fee Required 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Fee Required 7. Name and Address of New Registered Agent Signarum Signar | City & State Ci | | | City | ity & State | | | | | 57 | | | plied For t Applicable |
| DUVA, STINA 12184 WEST COLONIAL DR WINTER GARDEN, FL 34787 City FL Zip Code | Zip | Country Z | | | | | ntry | 5. Certificate of status Desired Fee Required | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 acceptable) FILING Fee is \$61.25 Due by May 1, 2006 FILING Fee is \$61.25 Due by May 1, 2006 Trust Fund Contribution TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME BATEMAN, JULIE STREET ADDRESS TITLE NAME ARDAMAN, KURT TITLE NAME STREET ADDRESS GITY-ST-ZP TITLE NAME S | 6. Name and Address of Current Registered | | | | ·· -· · · · · · · · · · · · · · · · · · | | | | 7. Name and Address of New Registered Agent | | | | |
| City FL Zip Code | | | | | | | | ddress (f | (P.O. Box Number is Not Acceptable) | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicables. (NOTE: Registered Agent Agreeure required when relateding) DATE | | | | | | | | | | | | | |
| TILE NAME ARDAMAN, KURT STREET ADDRESS CITY-ST-ZIP ORLAND, FL 34787 TILE NAME STREET ADDRESS CITY-ST-ZIP CHARGE TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST | | | | | | City | | | , , | | FL | Zip Code | |
| Signature, typed or printed name of registered apprt and the displicable. NOTE: Registered Apert segnature required when reinstating) DATE | | | | or the purpo: | se of changing its | registere | d office or | register | ed agent, or both, ir | the State of Fl | orida. I am fan | niliar with, | and accept |
| Filing Fee is \$61.25 Due by May 1, 2006 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME BATEMAN, JULIE 3207 W COLONIAL DR WINTER GARDEN, FL 34787 TITLE NAME ARDAMAN, KURT TITLE NAME STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP STREET ADDRESS STREE | SIGNATURE | <u> </u> | | | antia AIOTE | · Dominion | | | (chan adaptation) | | DAY | | |
| Trust Fund Corribution. Added to Fees Florida Department of State | | Signature, typed | or printed have or regarded agent | erio tire il appic | ane. (14016 | rvegisierec | Agent signad | ne redused | мпактевживицу) | r | DAIL | | |
| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Change Ad Ad STREET ADDRESS CITY-ST-ZIP Change Ad STREET ADDRESS CITY-ST-ZIP Change Ad STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Change Ad STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Change Ad STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STR | - | | | | | | | | Added to Fees Florida Department of State | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE ARDAMAN, KURT STREET ADDRESS CITY-ST-ZIP TITLE P CRASHINGTON ST CITY-ST-ZIP TITLE NAME NEUMAYER, JAMES STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STR | | T | OFFICERS AND DI | RECTORS | | - | | , , , , , , , , , , , , , , , , , , , | ADDITIONS/CHANG | ES TO OFFICE | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS S | NAME STREET ADDRESS | 13207 W | COLONIAL DR | | ☐ Delete | NAME STREE | ET ADDRESS | Kle | effel, Juli | e | d× | Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | ARDAMAI 170 E WA | SHINGTON ST | | Delete . | NAME STREE | ET ADDRESS | Past | Presiden | | Ē | Change Ch | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | NEUMAY 860 MAR | Y'S PARK PLACE | | ☐ Delete | NAME STREE | T ADORESS | | | | 4 | Change | ☐ Addition |
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| NAME STREET ADDRESS STREET ADDRESS | | | | | | ÇITY- | ST-ZIP | | | | | | |
| | NAME STREET ADDRESS | | | | □ Delete | TITLE NAME STREE | ET ADDRESS | | | | | Change | Addition |

12. I hereby certify that the information supplied with this filling 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:

G OFFICER OR DIRECTOR

ATTACHMENT 40027187 Division of Corporations



2006 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number \

N94000004874

Business Entity Name

WEST ORANGE COMMITTEE OF ONE HUNDRED AND ONE, INC.

Original File Date

09/29/1994

FEI Number

59-3576757

Principal Address 12184 WEST COLONIAL DRIVE

WINTER GARDEN, FL 34787

Mailing Address

12184 WEST COLONIAL DRIVE

WINTER GARDEN, FL 34787

Registered Agent STINA D'UVA

12184 WEST COLONIAL DR. WINTER GARDEN, FL 34787 US

Officer/Director Name And Address

TSD JULIE BATEMAN 13207 W COLONIAL DR WINTER GARDEN, FL 34787

P **KURT ARDAMAN** 170 E WASHINGTON ST ORLANDO. FL 328012397

JAMES NEUMAYER 860 MARY'S PARK PLACE WINTER GARDEN, FL 34787

If all of the above information is correct and you do not wish to make any changes, please select:

No Changes

If you need to make changes to the above information, please select:

Make Changes