
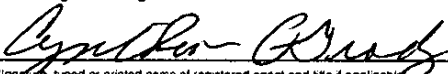
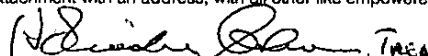


**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90253 043 \*\*\*\*61.25

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # N95000000424</b>  |  |    |   | <b>Secretary of State</b><br>04-25-2005 90253 043 ****61.25 |  |
| 1. Entity Name<br><b>W. V. COMMUNITY ASSOCIATION, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>722 SHAMROCK BLVD.<br/>VENICE, FL 34293</b>   |  | Mailing Address<br><b>722 SHAMROCK BLVD.<br/>VENICE, FL 34293</b>                   |   |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |  |
| City & State  |  | City & State  |   |   |  |
| Zip   | Country  | Zip   | Country   | 4. FEI Number<br><b>65-0555812</b>                          |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | Applied For<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>       |   |   |  |
| 6. Name and Address of Current Registered Agent<br><b>STEPHEN E LATTMANN<br/>722 SHAMROCK BLVD<br/>VENICE, FL 34293</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>THE MANAGEMENT SERVICES</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>530 U.S. 41 S BYPASS</b><br><b>Suite 18B</b><br>City <b>VENICE</b> FL <b>34285</b> |   |  |
| 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.<br>SIGNATURE  DATE <b>4/19/05</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |   |  |
| Filing Fee is <b>\$61.25</b><br>Due by <b>May 1, 2005</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | 5.00 May Be Added to Fees                                   |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                               |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>BRADY, RICHARD W<br>322 PINE GLEN WAY<br>ENGLEWOOD, FL <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | PD<br>FRANCIS, LORRAINE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>STEPHEN E LATTMANN<br>722 SHAMROCK BLVD<br>VENICE, FL 34293 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | SD<br>PIANIN, LEONARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DST<br>HUFFMIRE, LEONARD<br>325 SUNSET LAKE BLVD<br>VENICE, FL 34292 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | TD<br>CHURCH, H. RICHARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <del>Treasurer</del><br><del>11000 1st Avenue</del><br><del>322 Greenwood Lake Drive</del><br><del>Venice, Florida 34293</del> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | D<br>MACK, HOWARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | D<br>EVANCHO, JACK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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:  TREASURER  |  | 4/20/05   |   | 941-493-0777  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date Daytime Phone #  |   |   |  |