2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



FILED Feb 28, 2006 8:00 am Secretary of State

Mailing Address P.O. BOX 358273 P.O. BOX 3	1. Entity Nam	MENT # N95000002 DGE WEST OWNERS ASS					02-28-200	•		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	P.O. BOX 358	8273	P.O. BOX 358273	i-8273				50	00062	23
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City & State Country City Country Country City	2. Principal P	lace of Business	3. Mailing Address							
Secretificate of Status Desired Secretificate Secretificat	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02062006	Chg-NP	CR2E0	37 (11/05)	
6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Certificate of Status Desired 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation of registered agent, or both, in the State of Florida. I am familier with, and accept the obligation of registered agent, or both, in the State of Florida Bepartment of State. SIGNATURE FILING Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRECTORS TILE NAME STATE ADDRESS TO PETCERS AND DIRECTORS IN 10 Convision in the State of Florida. I am familier with, and accept the registered agent, or both, in the State of Florida. I am familier with, and accept the registered agent, or both, in the State of Florida. In a marri	City & State	e	City & State				56		<u> </u>	·
BROWNE, KIMBERLY 3002 NW 51ST DR GAINESVILLE, FL 32606 8. The above named entry 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 Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country		5. Certificate of	Status Desired			
BROWNE, KIMBERLY 3002 MV STST DR GAINESVILLE, FL 32606 Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of reprefered agent. SIGNATURE Signature Filling Fee is \$61.25 Due by May 1, 2006 PILING Filling Fee is \$61.25 Due by May 1, 2006 Filling Fee is \$61.25 Due by May 1, 2006 Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME STREET ADDRESS GAINESVILLE, FL 32606 Delete MAKE GAINESVILLE, FL 32606 Delete MAKE MAKE AMAC ANALONESS GAINESVILLE, FL 32606 Delete MAKE SIREET ADDRESS GAINESVILLE, FL 32606 DELETE ADDRESS GAINESVILLE, FL 32606 DEL		6. Name and Address of Current	Registered Agent			7. Name and Ac	idress of Nev	Registered	•	
SIGNATURE				Name						
B. 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 reprofessed agent. SIGNATURE Supplies (hybrid or professed agent)	3002 NW 5	51ST DR		Street A	ddress (F	P.O. Box Number i	s Not Accepta	ble)		
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DIE D RYAN, STEPHEN 5120 NW 30 LANE GAINESVILLE, FL 32606 D KMAK, ED 3015 NW 51ST DR. GAINESVILLE, FL 32606 D MCLAUGHLIN, JOSEPH 3207 NW 53 DR GAINESVILLE, FL 32606 TD BROWNE, KIMBERLY 3002 NW 51 DR	9. Election Camp Trust Fund Co	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAG 313	\$5.00 May Be Added to Fees ADDITIONS/CHAN NANCY 5344 NW GAINESVI	GESTO OFFI DE REN 32 LAN LLE FL AKELY DRIVE	Make chec lorida Depa CERS AND D	Change Change Change	Addition Addition Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:

SIGNATION TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

3523922120