

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90227 025 ****61.25

DOCUMENT # N97000000387

1. Entity Name
WESTERN COMMUNITIES BUSINESS ASSOCIATES, INC.



Principal Place of Business
**1615 FORUM PLACE
STE. 500-B
WEST PALM BEACH, FL 33401**

Mailing Address
**P.O. BOX 808
LOXAHATCHEE, FL 33470**

50052426



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0725863

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARINELLI, JOHN P
1615 FORUM PL
STE 500-B
W PALM BCH, FL 33401**

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 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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **VD** ☒ Delete
NAME **KLEINMAN, ANDREW**
STREET ADDRESS **12008 SOUTH SHORE BLVD # 201**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **P D** ☐ Change ☒ Addition
NAME **ALBERT H. WAHL**
STREET ADDRESS **384 OTTAWA COURT**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **SD** ☐ Delete
NAME **BAKER, KRISTINE F**
STREET ADDRESS **4360 LISA DRIVE**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **LEED, JEFF**
STREET ADDRESS **10601 SOUTHER BLVD**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **VD** ☐ Change ☒ Addition
NAME **SCOTT B. SNYDER**
STREET ADDRESS **11328 OKEECHOBEE BLVD, SUITE 9**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **TD** ☒ Delete
NAME **GRIMM, DALE W**
STREET ADDRESS **560 VILLAGE BLVD. #350**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **TD** ☐ Change ☒ Addition
NAME **SAL ADOTTA**
STREET ADDRESS **11191 52ND RD N**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **D** ☐ Delete
NAME **MARINELLI, JOHN**
STREET ADDRESS **1615 FORUM PLACE, STE. 500-B**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 5/11/05

Date

Daytime Phone #