

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90048 033 ****70.00

DOCUMENT # N97000002522

1. Entity Name

WESTLAND COMMUNITIES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9471 BAYMEADOWS ROAD, SUITE 403
 JACKSONVILLE FL 32256

9471 BAYMEADOWS ROAD, SUITE 403
 JACKSONVILLE FL 32256-7937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3450609

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

YOUNG, JAMES R
9471 BAYMEADOWS ROAD, SUITE 403
JACKSONVILLE FL 32256

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
<p><input type="checkbox"/> Delete</p> <p>D</p> <p>STAPP, MARK</p> <p>6106 SOUTH 32ND STREET</p> <p>PHOENIX AZ 85040</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>D</p> <p>YOUNG, JAMES R</p> <p>9471 BAYMEADOWS ROAD, SUITE 403</p> <p>JACKSONVILLE FL 32256</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p> <p>D</p> <p>HOWELL, WILLIAM R II</p> <p>300 W ADAMS ST, STE 440</p> <p>JACKSONVILLE FL 32202</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
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<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>

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:

SIG. James R Young
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00
 Date

904-731-9452
 Daytime Phone #

CR2E037 (9/99)