


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90250 005 ****61.25

DOCUMENT # N97000002522					
1. Entity Name WESTLAND COMMUNITIES ASSOCIATION, INC.					
Principal Place of Business 4003 HARTLEY RD JACKSONVILLE, FL 32257			Mailing Address 4003 HARTLEY RD JACKSONVILLE, FL 32257		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04132005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3450609	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIGNATURE REALTY AND MGMT, INC. 4003 HARTLEY RD ATTN:BRYAN CANTRELL JACKSONVILLE, FL 32257			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (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. <input type="checkbox"/>		\$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	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANSTON, GEORGE		NAME	Michelle Nicholson	
STREET ADDRESS	7452 LAKE PLANTATION LANE		STREET ADDRESS	6210 Duclay Rd	
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, MICHELLE		NAME	Tony Green	
STREET ADDRESS	6210 DUCLAY RD		STREET ADDRESS	7437 cliff cottage Dr	
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, TONY		NAME	Robin Pellicio	
STREET ADDRESS	2437 CLIFF COTTAGE DR		STREET ADDRESS	6243 Fronside Dr S	
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Richard Horne	
STREET ADDRESS			STREET ADDRESS	6371 Lake Plantation Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	George Zauakos	
STREET ADDRESS			STREET ADDRESS	6286 Plantation Club Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Michelle Nicholson</u>			Date: <u>4/25/05</u> Daytime Phone #: <u>904 268-0035</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		