


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90124 022 \*\*\*\*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	
Zip	Country	Zip	Country
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 <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	DP NICHOLSON, MICHELLE 6210 DUCLAY RD JACKSONVILLE, FL 32244 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr Zavakos, George 6286 Plantation Club Dr Jacksonville, FL 32244 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREEN, TONY 7437 CLIFF COTTAGE DR JACKSONVILLE, FL 32244 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Walston, Michael 7364 Frongside Dr E Jacksonville, FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GREEN, TONY 2437 CLIFF COTTAGE DR JACKSONVILLE, FL 32244 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Horne, Richard 6371 Lake Plantation Dr Jacksonville, FL 32244 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PELLICIO, ROBIN 6243 IRONSIDE DR S JACKSONVILLE, FL 32244 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Lee, Janice 6241 Ironside Dr S Jacksonville, FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNE, RICHARD 6371 LAKE PLANTATION DR JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D White, Ann 6299 Ironside Dr N Jacksonville, FL 32244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAVAKOS, GEORGE 6286 PLANTATION CLUB DR JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 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: _____		RICHARD HORNE 4/13/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	