


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N97000004240 (4)**

1. Corporation Name

WEST END ESTATES HOMEOWNERS ASSOCIATION, INC.



| | | | | | |
|---|---------------------|---|---------------------|---|--|
| Principal Place of Business 366 NW ALICE AVENUE STUART FL 34994 | | Mailing Address 366 NW ALICE AVENUE STUART FL 34994 | | 3. Date Incorporated or Qualified 07/25/1997 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | City & State | 27 | City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | Zip | 28 | Zip | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, <input type="checkbox"/> Yes <input type="checkbox"/> No | |

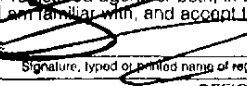
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLMAN, ROY
366 NW ALICE AVENUE
STUART FL 34994**

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:  **3/25/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|----------------------------|-------------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | CEO <input type="checkbox"/> DELETE | 1.1 TITLE | Secretary Treasures <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALLMAN, ROY | 1.2 NAME | Robert FINK |
| STREET ADDRESS | 366 NW ALICE AVENUE | 1.3 STREET ADDRESS | One Kingston Ct |
| CITY-ST-ZIP | STUART FL 34994 | 1.4 CITY-ST-ZIP | Stuart, FL 34997 |
| TITLE | COO <input type="checkbox"/> DELETE | 2.1 TITLE | |
| NAME | ALLMAN, SUMMER | 2.2 NAME | |
| STREET ADDRESS | 366 NW ALICE AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL 34994 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **3/25/98**

CR2E037 (10/97)