
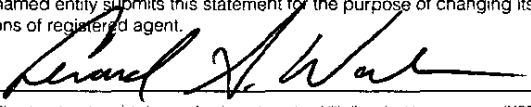


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91018 044 \*\*\*\*61.25

<b>DOCUMENT # N97000005075</b>			
<b>1. Entity Name</b> HOMEOWNERS' ASSOCIATION OF WEST PALMETTO OAKS, INC.			
<b>Principal Place of Business</b> 1802 12TH STREET WEST PALMETTO FL 34221		<b>Mailing Address</b> 1802 12TH STREET WEST PALMETTO FL 34221	
<b>2. Principal Place of Business</b> 1902 12th St. W. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1902 12th St. W. Suite, Apt. #, etc.	
<b>City &amp; State</b> Palmetto FL		<b>City &amp; State</b> Palmetto FL	
<b>Zip</b> 34221	<b>Country</b> Manatee	<b>Zip</b> 34221	<b>Country</b> Manatee
<b>6. Name and Address of Current Registered Agent</b> LYNEMA, GARY L 1802 12TH STREET WEST PALMETTO FL 34221		<b>7. Name and Address of New Registered Agent</b> <b>Name</b> Gerard S. Wolen <b>Street Address (P.O. Box Number is Not Acceptable)</b> 1902 12th St. W. <b>City</b> Palmetto <b>FL</b> <b>Zip Code</b> 34221	
<b>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.</b> <b>SIGNATURE</b>  <b>Gerard S. Wolen</b> <b>4/7/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PSD <input checked="" type="checkbox"/> Delete	<b>NAME</b> [REDACTED]	<b>TITLE</b> PIC/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> Gerard S. Wolen
<b>STREET ADDRESS</b> 1802 12TH STREET WEST	<b>CITY-ST-ZIP</b> PALMETTO FL 34221	<b>STREET ADDRESS</b> 1902 12th St. W.	<b>CITY-ST-ZIP</b> Palmetto, FL 34221
<b>TITLE</b> SDV <input checked="" type="checkbox"/> Delete	<b>NAME</b> [REDACTED]	<b>TITLE</b> V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> Sharon Burgett
<b>STREET ADDRESS</b> 3007 MANATEE AVENUE WEST	<b>CITY-ST-ZIP</b> BRADENTON FL 34205	<b>STREET ADDRESS</b> 1208 20th Ave. W.	<b>CITY-ST-ZIP</b> Palmetto, FL 34221
<b>TITLE</b> TD <input checked="" type="checkbox"/> Delete	<b>NAME</b> [REDACTED]	<b>TITLE</b> S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> Leigh M. Caldwell
<b>STREET ADDRESS</b> 1802 12TH STREET WEST	<b>CITY-ST-ZIP</b> PALMETTO FL 34221	<b>STREET ADDRESS</b> 1902 12th St. W.	<b>CITY-ST-ZIP</b> Palmetto, FL 34221
<b>TITLE</b> VD <input checked="" type="checkbox"/> Delete	<b>NAME</b> [REDACTED]	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b> 1904 12ST STREET WEST	<b>CITY-ST-ZIP</b> PALMETTO FL 34221	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**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:**  **Leigh M. Caldwell** **4/7/2004** **(941) 363-5526**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #