


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90034 043 ****61.25

DOCUMENT # N99000003283					
1. Entity Name TOWNHOMES OF WEST PARK VILLAGE ASSOCIATION, INC.					
Principal Place of Business 3974 TAMPA ROAD B OLDSMAR, FL 34677			Mailing Address GREENACRE PROPERTIES, INC 4131 GUNN HWY TAMPA, FL 33618		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3657517	
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		
MEZER, STEVE ESQ 220 S FRANKLIN ST TAMPA, FL 33601			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NIEMIS, MICHAEL <input type="checkbox"/> Delete PO BOX 940 OLDSMAR, FL 34677				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS PLANETA, CHRISTOPHER <input checked="" type="checkbox"/> Delete 10016 NEW PARKE ROAD TAMPA, FL 33626				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RODRIGUEZ, MARY <input type="checkbox"/> Delete 10022 NEW PARKE RD TAMPA, FL 33626				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REEDER, SAM <input type="checkbox"/> Delete 10039 NEW PARKE ROAD TAMPA, FL 33626				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOSTER, SCOTT <input checked="" type="checkbox"/> Delete 10103 HAYFIELD WAY TAMPA, FL 33626				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10					
VPD Selm, Elizabeth <input type="checkbox"/> Change <input type="checkbox"/> Addition 10014 Bentley Way Tampa, FL 33626					
SD Harte, Karen <input type="checkbox"/> Change <input type="checkbox"/> Addition 10113 Hayfield Way Tampa, FL 33626					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____	
				Daytime Phone # _____	