

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90037 042 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3657517				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 MEZER, STEVE ESQ 220 S FRANKLIN ST TAMPA, FL 33601			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when renaming) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2008		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 NIEMIS, MICHAEL <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PO BOX 940		NAME		
STREET ADDRESS	OLDSMAR, FL 34677		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	SD HARTE, KAREN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	10113 HAYFIELD WAY		NAME		
STREET ADDRESS	TAMPA, FL 33626		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	DT RODRIGUEZ, MARY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	10022 NEW PARKE RD		NAME		
STREET ADDRESS	TAMPA, FL 33626		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	D REEDER, SAM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	10039 NEW PARKE ROAD		NAME		
STREET ADDRESS	TAMPA, FL 33626		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	VPD PLANETA, CHRISTOPHER <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	9624 WEST PARK VILLAGE DRIVE		NAME		
STREET ADDRESS	TAMPA, FL 33626		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 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: _____			Michael T. Niemis 02/04/08 813-787-5100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					