
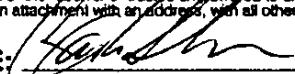


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90018 033 \*\*\*\*61.25

<b>DOCUMENT # N99000005870</b>					
1. Entity Name <b>THE VILLAS OF WESTPARK AT WESTCHASE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>3974 TAMPA ROAD B OLDSMAR, FL 34677</b>			Mailing Address <b>GREENACRE PROPERTIES INC 4131 GUNN WAY TAMPA, FL 33618</b>		
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 <b>59-3657481</b>	
				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				7. Name and Address of New Registered Agent	
<b>MEJ</b> Steven Mezer <b>BUS</b> Bush Ross Gardner Warren & Rudy <b>PO</b> 220 S. Franklin Street <b>TAN</b> Tampa, FL 33601				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. I, _____, am the _____ of the corporation, and 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 renewing)</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	PD	<input type="checkbox"/> Delete			
NAME	QUIROS, CARLOS				
STREET ADDRESS	10114 PARKEY				
CITY-ST-ZIP	TAMPA, FL 33626				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	MILLER, CHRISTINE				
STREET ADDRESS	9512 CAVENDISH DR				
CITY-ST-ZIP	TAMPA, FL 33626				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	RILEY, KEVIN				
STREET ADDRESS	10106 SADLER WAY				
CITY-ST-ZIP	TAMPA, FL 33626				
TITLE	D	<input type="checkbox"/> Delete			
NAME	STROMER, JACK				
STREET ADDRESS	9506 CAVENDISH DR				
CITY-ST-ZIP	TAMPA, FL 33626				
TITLE	VPD	<input type="checkbox"/> Delete			
NAME	JOHNSON, RICHARD				
STREET ADDRESS	9570 CAVENDISH				
CITY-ST-ZIP	TAMPA, FL 33626				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Riley, Kevin				
STREET ADDRESS	10106 Sadler				
CITY-ST-ZIP	Tampa, FL 33626				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
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:  <b>CARLOS S. QUIROS</b> (813) 333-2941					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



ATTACHMENT  
W003360

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

THE VILLAS OF WESTPARK AT WESTCHASE HOMEOWNERS' ASSOCIATION  
GREENACRE PROPERTIES INC  
4131 GUNN WAY  
TAMPA, FL 33618

Subject: THE VILLAS OF WESTPARK AT WESTCHASE HOMEOWNERS'

Reference Number: N99000005870

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cj

ANNUAL REPORTS SECTION