2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005870

Apr 20, 2009 Secretary of State

Entity Name: THE VILLAS OF WESTPARK AT WESTCHASE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3974 TAMPA ROAD 4131 GUNN HWY TAMPA, FL 33618

OLDSMAR, FL 34677

New Mailing Address: Current Mailing Address:

GREENACRE PROPERTIES INC 4131 GUNN HWY 4131 GUNN WAY TAMPA, FL 33618 TAMPA, FL 33618

FEI Number: 59-3657481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRISCIA, FRANCIS E 5550 WEST EXECUTIVE DRIVE, SUITE 250 TAMPA, FL 33609

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.

SIGNATURE:

OFFICERS AND DIRECTORS:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

RILEY, KEVIN RILEY, KEVIN Name: Name: 10106 SADLER 4131 GUNN HWY Address: Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33618

Title: SD () Delete Title: (X) Change () Addition MILLER, CHRISTINE Name: MILLER, CHRISTINE Name:

Address: 9512 CAVENDISH DR Address: 4131 GUNN HWY City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33618

Title: () Delete Title: (X) Change () Addition PENNINGTON, GEORGE PENNINGTON, GEORGE Name: Name:

9534 CAVENDISH DR Address: Address: 4131 GUNN HWY City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33618

Title: VPD () Delete Title: VPD (X) Change () Addition

JOHNSON, RICHARD Name: JOHNSON, RICHARD Name: 9570 CAVENDISH Address: Address: 4131 GUNN HWY TAMPA, FL 33626 City-St-Zip: City-St-Zip: TAMPA, FL 33618

Title: PD () Delete Title: (X) Change () Addition

QUIROS, CARLOS QUIROS, CARLOS Name: Name: 10114 PARLEY DRIVE 4131 GUNN HWY Address: Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS QUIROS PD 04/20/2009