


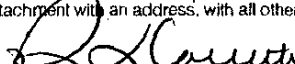
FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90283 023 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

54044078



DOCUMENT # P02000077080					
1. Entity Name OP WEST ALTAMONTE, INC.					
Principal Place of Business 1099 W. TOWN PARKWAY ALTAMONTE SPRINGS, FL 32714			Mailing Address 2111 GLENWOOD DR STE 202 WINTER PARK, FL 32792		
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 14-1860679				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO DEERING, LAWRENCE R <input type="checkbox"/> Delete 200 CORPORATE CENTER DR STE 360 MOON TOWNSHIP, PA 15108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lawrence R. Deering 800 Concourse Parkway S., Suite 200 Maitland, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CURCIO, EUGENE R <input type="checkbox"/> Delete 200 CORPORATE CENTER DR STE 360 MOON TOWNSHIP, PA 15108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eugene R. Curcio 800 Concourse Parkway S., Suite 200 Maitland, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO CONTE, JOSEPH D <input type="checkbox"/> Delete 200 CORPORATE CENTER DR STE 360 MOON TOWNSHIP, PA 15108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joseph D. Conte 800 Concourse Parkway S., Suite 200 Maitland, FL 32751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORSETTI, ROSEMARY L <input type="checkbox"/> Delete 200 CORPORATE CENTER DRIVE, SUITE 360 MOON TOWNSHIP, PA 15108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rosemary L. Corsetti One Oxford Centre, 20th Floor, 301 Grant St. Pittsburgh, PA 15219	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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: 		Rosemary L. Corsetti		4/19/04 (412) 281-4420	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Secretary		Date Daytime Phone #	