


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

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
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03222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

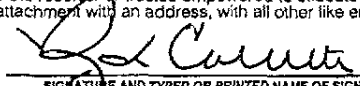
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	DCEO
NAME	DEERING, LAWRENCE R
STREET ADDRESS	800 CONCOURSE PKWY. S, STE. 200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DT
NAME	CURCIO, EUGENE R
STREET ADDRESS	800 CONCOURSE PKWY. S, STE. 200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	DPCO
NAME	CONTE, JOSEPH D
STREET ADDRESS	800 CONCOURSE PKWY. S, STE. 200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	S
NAME	CORSETTI, ROSEMARY L
STREET ADDRESS	ONE OXFORD CENTRE, 20TH FLR.,
CITY-ST-ZIP	PITTSBURGH, PA 15219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/06-80002-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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 March 24, 2006 (412) 281-4444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #