I hereby 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 all other like empowered.

SIGNATURE: MARK TOPOL

Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail :** Title TD PD SHELLEY, JOHN Name TOPOL, MARK S Address 1515 HERBERT ST UNIT 213 Address City-State-Zip:

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.

City-State-Zip: PORT ORANGE FL 32129 Title SD CONNORS, KENNITH P Name 5531 S RIDGEWOOD AVE UNIT 4 Address

City-State-Zip: PORT ORANGE FL 32127

Title Name

## **Current Principal Place of Business:**

1515 HERBERT ST UNIT 213 PORT ORANGE, FL 32129

## **Current Mailing Address:**

1515 HERBERT ST UNIT 213 PORT ORANGE. FL 32129

## FEI Number: 20-2111575

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SHELLEY, JOHN 1515 HERBERT ST UNIT 213 PORT ORANGE, FL 32129 US

SIGNATURE:

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0400003086

Entity Name: WEST END VILLAGE CONDOMINIUM ASSOCIATION, INC.

Date

Certificate of Status Desired: No

1515 HERBERT ST UNIT 207 PORT ORANGE FL 32129

PRESIDENT

Apr 12, 2018 Secretary of State CC0845470125

FILED

Date