

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000

Entity Name: WEST END VILLAS COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**6110-B NW 1ST PLACE
SUITE D
GAINESVILLE, FL 32607**Current Mailing Address:**C/O VESTA PROPERTY SERVICES, INC
6110-B NW 1ST PL
GAINESVILLE, FL 32607 US**FEI Number:** 59-2780039**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VESTA PROPERTY SERVICES, INC.
C/O VESTA PROPERTY SERVICES, INC
6110-B NW 1ST PL
GAINESVILLE, FL 32607 US*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:** CHRIS JORDAN

04/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	VON LOUDA, MILO
Address	6110-B NW 1ST PLACE SUITE D
City-State-Zip:	GAINESVILLE FL 32607

Title	DIRECTOR
Name	JENSEN, MARIANN
Address	6110-B NW 1ST PLACE SUITE D
City-State-Zip:	GAINESVILLE FL 32607

Title	DIRECTOR, TREASURER
Name	MITCHELL, BARBARA
Address	6110-B NW 1ST PLACE SUITE D
City-State-Zip:	GAINESVILLE FL 32607

Title	PRESIDENT, DIRECTOR
Name	MATHENY, ROBERT
Address	6110-B NW 1ST PLACE SUITE D
City-State-Zip:	GAINESVILLE FL 32607

Title	DIRECTOR, SECRETARY
Name	STRUGEON, BILLIE
Address	6110-B NW 1ST PLACE SUITE D
City-State-Zip:	GAINESVILLE FL 32607

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: ROBERT MATHENY

PRESIDENT

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date