

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004866

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** WESTGATE HOMEOWNER'S ASSOCIATION OF LAKE COUNTY, INC.

**Current Principal Place of Business:**

107 N. LINE DR.  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

107 N. LINE DR.  
APOPKA, FL 32703 US

**New Mailing Address:**

FEI Number: 59-3520026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SUTHERLAND, THERESA D  
107 N. LINE DR.  
APOPKA, FL 32703 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SCARTINE, DIANE  
Address: 107 N. LINE DR.  
City-St-Zip: APOPKA, FL 32703 US

Title: VPD  
Name: ELMATTI, ROBERT F  
Address: 107 N. LINE DR.  
City-St-Zip: APOPKA, FL 32703 US

Title: SD  
Name: BRADY, SUSAN  
Address: 107 N. LINE DR.  
City-St-Zip: APOPKA, FL 32703 US

Title: TD  
Name: MARTIN, TIM  
Address: 107 N. LINE DR.  
City-St-Zip: APOPKA, FL 32703 US

Title: D  
Name: GRAYSON, ROSMARIE  
Address: 107 N. LINE DR.  
City-St-Zip: APOPKA, FL 32703 US

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: DIANE SCARTINE

PD

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date