

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N98000006460

1. Entity Name

THE MANORS AT WESTRIDGE HOMEOWNERS' ASSOCIATION,

FILED
Apr 28, 2000 8:00 am
Secretary of State

03-01-2000 90013 043 ****61.25

Principal Place of Business

Mailing Address

~~5401 KIRKMAN ROAD~~
~~SUITE 525~~
~~ORLANDO FL 32819~~

PO BOX 1208
WINTER PARK FL 32790-1208

2. Principal Place of Business

1350 ORANGE AVE

Suite, Apt. #, etc.

STE 100

City & State
WINTER PARK FL

Zip

32789

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

59-3647355

4. FEI Number

~~APPLIED FOR~~

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, ROGER
1350 ORANGE AVE STE 100
C/O ATTWOOD PHILLIPS, INC
WINTER PARK FL 32789

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME DESHPANDE, ANIL
STREET ADDRESS 5401 KIRKMAN ROAD SUITE 525
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE VTD
NAME MOORE, BILL
STREET ADDRESS 5401 KIRKMAN ROAD SUITE 525
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE D
NAME DESHPANDE, CHITRA
STREET ADDRESS 5401 KIRKMAN RD STE 525
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ 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 617, 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:

SIGNATURE REQUIRED *M. Moore 2/15/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)