

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006460

1. Entity Name

THE MANORS AT WESTRIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1633 E. VINE STREET. #110
KISSIMMEE FL 34744
US

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KISSIMMEE FL 34744
US

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90011 007 ****61.25

R0022794



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5401 S Kirkman Rd
Suite Apt. #, etc. 300
City & State Orlando FL
Zip 32819 Country USA

5401 S Kirkman Rd
Suite Apt. #, etc. 300
City & State Orlando FL
Zip 32819 Country USA

4. FEI Number 59-3547355

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARPENTER, SUE
1633 E. VINE STREET, #110
KISSIMMEE FL 34744

Name

Street Address (P.O. Box Number is Not Acceptable)

5401 S Kirkman Rd
Suite 300

City

Orlando

FL

Zip Code 32819

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

1-14-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSD	<input type="checkbox"/> Delete
NAME	DESHPANDE, ANIL	
STREET ADDRESS	5401 KIRKMAN ROAD SUITE 525	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	MOORE, BILL	
STREET ADDRESS	5401 KIRKMAN ROAD SUITE 525	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESHPANDE, CHITRA	
STREET ADDRESS	5401 KIRKMAN RD STE 525	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FROELIGH, SEAN	
STREET ADDRESS	5401 KIRKMAN RD #525	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3200 Vineland Rd	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3200 Vineland Rd	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3200 Vineland Rd	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of President
PRESIDENT

1-22-02

407 903
9969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF 3037 (9/01)