

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90199 038 ****61.25

DOCUMENT # N98000006460

1. Entity Name
**THE MANORS AT WESTRIDGE HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**5401 S KIRKMAN
SUITE 475 450
ORLANDO, FL 32819 US**

Mailing Address
**5401 S KIRKMAN
SUITE 475 450
ORLANDO, FL 32819 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162004 Chg-NP CR2E037 (10/03)

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
5401 S KIRKMAN RD
SUITE 475 450
ORLANDO, FL 32819**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME MOORE, ROGER
STREET ADDRESS 3 GREENWOOD WAY
CITY-ST-ZIP SUFFOLK, NR32 4WD

TITLE SD ☐ Delete
NAME EDWARD, PATCHETT
STREET ADDRESS 47 POTTERSDALE DR
CITY-ST-ZIP EAST YORKSHIRE, HU20 3UU

TITLE TD ☒ Delete
NAME ERNEST, HARVEY
STREET ADDRESS 1345 HIAWATHA CIR
CITY-ST-ZIP GREENBAY, WI 54313

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☐ Change ☒ Addition
NAME ARTHUR JOHN BROWN
STREET ADDRESS 93 BROOKSIDE CRESCENT
CITY-ST-ZIP CUFFLEY, HERTFORDSHIRE. EN6.4QP. UK

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

TITLE D ☐ Change ☒ Addition
NAME STACY OPIELA
STREET ADDRESS 1327 CASTERTON CR
CITY-ST-ZIP DAVENPORT FL 32

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

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

TITLE ☐ Change ☐ 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: *Arthur Brown* **RESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16th April 2004 011441707
Date Daytime Phone # **872807**