

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90047 039 ****61.25

DOCUMENT # N98000006460

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



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

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

50030511



02172005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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
**CARPENTER, SUE
5401 S KIRKMAN RD
SUITE 450
ORLANDO, FL 32819**

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

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**
Due by **May 1, 2005**

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	P	<input type="checkbox"/> Delete
NAME	BROWN, ARTHUR J	
STREET ADDRESS	93 BROOKSIDE CRESCENT	
CITY-ST-ZIP	CUFFLEY, HERTFORDSHIRE, ENG, en6 4qp	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EDWARD, PATCHETT	
STREET ADDRESS	47 POTTERSDALE DR	
CITY-ST-ZIP	EAST YORKSHIRE, HU20 3UU	
TITLE	D	<input type="checkbox"/> Delete
NAME	OPIELA, STACY	
STREET ADDRESS	1327 CASTERTON CIR	
CITY-ST-ZIP	DAVENPORT, FL 32	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Stephen	
STREET ADDRESS	3 Ochilview Gardens, Crieft, Perthshire	
CITY-ST-ZIP	PH7 3FJ United Kingdom	
TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allan Burgess	
STREET ADDRESS	Jermund, old Watling St, Higham, Rochester,	
CITY-ST-ZIP	Kent, United Kingdom ME2 3UG	
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: Stacy Opela Date 3/5/04 Daytime Phone # _____