

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003915

**Entity Name:** WESTGATE RESORTS FOUNDATION, INC.**Current Principal Place of Business:**5601 WINDHOVER DRIVE  
ORLANDO, FL 32819**Current Mailing Address:**5601 WINDHOVER DRIVE  
ORLANDO, FL 32819**FEI Number:** 59-3725617**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARDER, MICHAEL EESQ  
200 E.BROWARD BOULEVARD, SUITE 1800  
FORT LAUDERDALE, FL 33301 US*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**Officer/Director Detail :**

Title	PD
Name	SIEGEL, DAVID A
Address	5601 WINDHOVER DRIVE
City-State-Zip:	ORLANDO FL 32819

Title	VD
Name	WALTRIP, MARK
Address	5601 WINDHOVER DRIVE
City-State-Zip:	ORLANDO FL 32819

Title	D
Name	WALTRIP, KAREN
Address	5601 WINDHOVER DRIVE
City-State-Zip:	ORLANDO FL 32819

Title	STD
Name	DUGAN, THOMAS F
Address	5601 WINDHOVER DRIVE
City-State-Zip:	ORLANDO FL 32819

Title	D
Name	SIEGEL, JACQUELINE
Address	5601 WINDHOVER DRIVE
City-State-Zip:	ORLANDO FL 32819

Title	D
Name	SIEGEL, BARRY
Address	5601 WINDHOVER DRIVE
City-State-Zip:	ORLANDO FL 32819

*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:** THOMAS F DUGAN**TREASURER OF  
MANAGER**

03/09/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date