

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49286

**Entity Name:** WESTRIDGE HOMEOWNERS' ASSOCIATION OF DAVIE, INC.

**FILED**  
**Feb 24, 2015**  
**Secretary of State**  
**CC3642648216**

**Current Principal Place of Business:**

2950 N 28 TERR  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2950 N 28 TERR  
HOLLYWOOD, FL 33020

**FEI Number: 65-0391446**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RAPHAEL, LINDSAY E  
% TRIPP SCOTT, P.A.  
110 SE 6TH ST., 15TH FL  
FT. 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 D  
Name THOMPSON, DEWITTE T  
Address 2530 SW 105 TERRACE  
City-State-Zip: DAVIE FL 33324

Title VPD  
Name HEID, FRED  
Address 10233 SW 26 STREET  
City-State-Zip: DAVIE FL 33324

Title STD  
Name DIMEGLIO, EDDIE  
Address 2510 SW 105 TERRACE  
City-State-Zip: DAVIE FL 33324

Title D  
Name MADIO, RUSS  
Address 10346 SW 22 PLACE  
City-State-Zip: DAVIE FL 33324

Title PRESIDENT, DIRECTOR  
Name SCHNEIDER, WALTER  
Address 10417 SW 22ND PLACE  
City-State-Zip: DAVIE FL 33324

*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: WALTER SCHNEIDER**

**PRESIDENT**

**02/24/2015**

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

\_\_\_\_\_  
Date