

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49286

Entity Name: WESTRIDGE HOMEOWNERS' ASSOCIATION OF DAVIE, INC.**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 VPD
Name HEID, FRED
Address 10233 SW 26 STREET
City-State-Zip: DAVIE FL 33324Title STD
Name DIMEGLIO, EDDIE
Address 2510 SW 105 TERRACE
City-State-Zip: DAVIE FL 33324Title D
Name MADIO, RUSS
Address 10346 SW 22 PLACE
City-State-Zip: DAVIE FL 33324Title PRESIDENT, DIRECTOR
Name SCHNEIDER, WALTER
Address 10417 SW 22ND PLACE
City-State-Zip: DAVIE FL 33324Title DIRECTOR
Name BROWN, RICHARD
Address 2575 SW 105 TERRACE
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

02/18/2016

Electronic Signature of Signing Officer/Director Detail_____
Date