## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004866

Entity Name: WESTGATE HOMEOWNER'S ASSOCIATION OF LAKE COUNTY,

INC.

FILED
Mar 28, 2024
Secretary of State
1434327038CC

**Current Principal Place of Business:** 

918 W MAIN ST. LEESBURG, FL 34748

**Current Mailing Address:** 

PO BOX 491200

LEESBURG, FL 34749-1200 US

FEI Number: 59-3520026 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIAD ASSOCIATION MANAGEMENT, INC. 918 W MAIN ST. LEESBURG, FL 34748 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: MARTHA LEDFORD 03/28/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

NameHAYNES, LYNNNameWILLIAMS, HARRYAddress918 W MAIN ST.Address918 W MAIN ST.

City-State-Zip: LEESBURG FL 34748 City-State-Zip: LEESBURG FL 34748

Title DIRECTOR Title VP

NameBRADY, SUSAN KNameCOBB, GERALDAddress918 W MAIN ST.Address918 W MAIN ST.City-State-Zip:LEESBURG FL 34748City-State-Zip:LEESBURG FL 34748

Title SECRETARY Title DIRECTOR

Name BOSELA, CINDY Name ROUTHIER, PEGGYANN

Address 918 W MAIN ST. Address 918 W MAIN ST.

City-State-Zip: LEESBURG FL 34748 City-State-Zip: LEESBURG FL 34748

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.

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: LYNN HAYNES

PRESIDENT

03/28/2024