

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

DOCUMENT# N97000004866

**FILED  
Apr 07, 2016  
Secretary of State  
CC5082707665**

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

**Current Principal Place of Business:**

107 N. LINE DR.  
APOPKA, FL 32703

**Current Mailing Address:**

107 N. LINE DR.  
APOPKA, FL 32703 US

**FEI Number: 59-3520026**

**Certificate of Status Desired: No**

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

SUTHERLAND, THERESA D  
107 N. LINE DR.  
APOPKA, FL 32703 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 GRAYSON, ROSEMARIE  
Address 107 N. LINE DR.  
City-State-Zip: APOPKA FL 32703

Title VP  
Name BURKHOLDER, SALEMAE  
Address 107 N. LINE DR.  
City-State-Zip: APOPKA FL 32703

Title SD  
Name BRADY, SUSAN  
Address 107 N. LINE DR.  
City-State-Zip: APOPKA FL 32703

Title TD  
Name LOPATKA, ALAN  
Address 107 N. LINE DR.  
City-State-Zip: APOPKA FL 32703

Title DIRECTOR  
Name HAYNES, LYNN  
Address 107 N. LINE DR.  
City-State-Zip: APOPKA FL 32703

Title DIRECTOR  
Name MCCULLOH, JOHN  
Address 107 N. LINE DR.  
City-State-Zip: APOPKA FL 32703

*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: ROSEMARIE GRAYSON**

**PRESIDENT**

**04/07/2016**

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

\_\_\_\_\_  
Date