

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006460

Entity Name: THE MANORS AT WESTRIDGE HOMEOWNERS' ASSOCIATION, INC.**FILED**
Feb 09, 2017
Secretary of State
CC5051886729**Current Principal Place of Business:**2113 RUBY RED BLVD
STE B
CLERMONT, FL 34714**Current Mailing Address:**2113 RUBY RED BLVD
STE B
CLERMONT, FL 34714 US**FEI Number: 59-3547355****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EXTREME MANAGEMENT TEAM LLC
2113 RUBY RED BLVD
STE B
CLERMONT, FL 34714 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: KATHY OLDRO****02/09/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** P
Name KNOWLES, DON
Address 2113 RUBY RED BLVD
STE B
City-State-Zip: CLERMONT FL 34714**Title** SECRETARY
Name GOFF, SALLIE
Address 2113 RUBY RED BLVD
STE B
City-State-Zip: CLERMONT FL 34714**Title** VP
Name STEPHENS, MARK
Address 2113 RUBY RED BLVD
STE B
City-State-Zip: CLERMONT FL 34714**Title** TREASURER
Name BROWN, ARTHUR
Address 2113 RUBY RED BLVD
STE B
City-State-Zip: CLERMONT FL 34714**Title** D
Name LOVENUK, MICHELINE
Address 2113 RUBY RED BLVD
STE B
City-State-Zip: CLERMONT FL 34714

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: DON KNOWLES**PRESIDENT****02/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date