


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90068 021 ****61.25

DOCUMENT # 769086	
1. Entity Name VILLAS OF WESTRIDGE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1827 CRANE DR TALLAHASSEE, FL 32303 US	Mailing Address P.O. BOPX 2373 TALLAHASSEE, FL 32316 US
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2. Principal Place of Business - No P.O. Box # 3968 N. Monroe St.	3. Mailing Address P.O. Box 180657
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee FL	City & State Tallahassee FL
Zip 32303	Country USA
Zip 32318	Country USA



07062007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2737946		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CLAUDIU BUCIR PRES OF HOA 1827 CRANE DR TALLAHASSEE, FL 32303		
7. Name and Address of New Registered Agent Name LeAnn Sbordone Street Address (P.O. Box Number is Not Acceptable) Homeowners Association Services 3968 N. Monroe St. City Tallahassee FL Zip Code 32303		

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **LeAnn Sbordone** **LeAnn Sbordone Manager** **8-1-07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when substituting) DATE

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCUR, CLAUDIU 1623 CRANE DR TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bob Botel 2215 Genevieve Ct. Tallahassee, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLER, URSULA 1827 CRANE DR TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ryan Adams P.O. Box 4345 Tallahassee, FL 32315 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SNYDER, DIANA 4020 ALAMEDA DR TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LeAnn Sbordone** **LeAnn Sbordone Manager** **8-1-07** **850-562-8708**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #