2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/6/2008-90018-016-$61.25-$61.25

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769086

1. Entity Name
VILLAS OF WESTRIDGE HOMEOWNERS ASSOCIATION, INC.

07312008 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
3968 N. MONROE ST TALLAHASSEE, FL 32303 US	P.O. BOX 180657 TALLAHASSEE, FL 32318 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3968 N. Monroe	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2737946 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SBORDONE, LEANN HOMEOWNERS ASSOCIATION SERVICES ~~3903~~ N. MONROE STY TALLAHASSEE, FL 32303 3968 N. Monroe	Name Street Address (P.O. Box Number is Not Acceptable) 3968 N. Monroe City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOTEL, BOB 2215 GENEVIEVE CT TALLAHASSEE, FL 32313	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ADAMS, RYAN P.O. BOX 4345 TALLAHASSEE, FL 32315	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Ursulla Keller 2413 Sandpiper St. Tallahassee, FL 32303 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SNYDER, DIANA ~~4020~~ ALAMEDA DR 1020 Alameda Dr TALLAHASSEE, FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 - Manager 8-4-08 562-8708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Diana Snyder 9/10/08 413-0792