

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769086

FILED
Jun 19, 2009
Secretary of State

Entity Name: VILLAS OF WESTRIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3968 N. MONROE ST
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 180657
TALLAHASSEE, FL 32318 US

New Mailing Address:

FEI Number: 59-2737946 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SBORDONE, LEANN
HOMEOWNERS ASSOCIATION SERVICES
3968 N. MONROE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

KARLEY, LEDINGTON L
2228 SANDPIPER STREET
TALLAHASSEE, FL 32303 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: KARLEY L. LEDINGTON

06/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BOTEL, BOB
Address: 2215 GENEVIEVE CT
City-St-Zip: TALLAHASSEE, FL 32313

Title: ST () Delete
Name: KELLER, URSULLA
Address: 2413 SANDPIPER ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: P () Delete
Name: SNYDER, DIANA
Address: 1020 ALAMEDA DR
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KARLEY L. LEDINGTON

RA

06/19/2009

Electronic Signature of Signing Officer or Director

Date