

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90330 011 \*\*\*\*61.25

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**DOCUMENT # N03000006676**

1. Entity Name  
WESTSIDE TOWNHOMES PHASE 5 ASSOCIATION, INC.



Principal Place of Business  
4432 PARKWAY COMMERCE BOULEVARD  
ORLANDO, FL 32808

Mailing Address  
4432 PARKWAY COMMERCE BOULEVARD  
ORLANDO, FL 32808

2. Principal Place of Business  
61 W. Colonial Dr  
Suite, Apt. #, etc.

3. Mailing Address  
61 W. Colonial Dr  
Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State  
Orlando, FL

Zip  
32801

Country  
USA

04062005 Chg-NP CR2E037 (10/03)

4. FEI Number  
81-0627589

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
LEE, SYLVIA JOHN B SHOEMAKER  
4432 PARKWAY COMMERCE BOULEVARD  
ORLANDO, FL 32808

7. Name and Address of New Registered Agent  
Name  
JOHN B SHOEMAKER  
Street Address (P.O. Box Number is Not Acceptable)  
61 W. Colonial Dr  
City  
Orlando FL Zip Code  
32801

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 4/22/05

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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	P SHOEMAKER, JOHN B 4432 PARKWAY COMMERCE BOULEVARD ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN B. SHOEMAKER 61 W. COLONIAL DR ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEE, SYLVIA 4432 PARKWAY COMMERCE BOULEVARD ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SYLVIA LEE 61 W. COLONIAL DR ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRENT, SHARON 4432 PARKWAY COMMERCE BOULEVARD ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHARON TRENT 61 W. COLONIAL DR ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COHEN, ODED 4432 PKWY COMMERCE BLVD ORLANDO, FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ODED COHEN 61 W. COLONIAL DR ORLANDO, FL 32801 <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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4/22/05 407 294 7931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #