

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000006676

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



**FILED
Aug 21, 2006 8:00 am
Secretary of State**

08-21-2006 90003 039 ****61.25

Principal Place of Business
1402 FETLER WAY
WINTER GARDEN, FL 34787

Mailing Address
P.O. BOX 78334
WINTER GARDEN, FL 34778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

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

BELL, LOU ELLEN
1402 FETLER WAY
WINTER GARDEN, FL 34787

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remitting)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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 PD
NAME BELL, LOU ELLEN
STREET ADDRESS P.O. BOX 78334
CITY-ST-ZIP WINTER GARDEN, FL 34778

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

1402 FETLER WAY
WINTER GARDEN FL 34787

TITLE VPD
NAME CARTIER, RICHARD
STREET ADDRESS P.O. BOX 78334
CITY-ST-ZIP WINTER GARDEN, FL 34778

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE STD
NAME SHAW, RICHARD
STREET ADDRESS P.O. BOX 78334
CITY-ST-ZIP WINTER GARDEN, FL 34778

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

1326 FETLER WAY
WINTER GARDEN FL 34787

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: *Lou Ellen Bell President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 12, 2006 407 877 3304

Date Daytime Phone #