

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 12 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N04891
1. Entity Name
VILLAS OF WESTRIDGE II HOMEOWNERS ASSOCIATION, INC.

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

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country

10242008 REIN-NP CR2E099 (1/07)

4. FEI Number 59-3041399	Applied For Not Applicable
-----------------------------	-------------------------------

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



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 *LeAnn SBordone* (*LeAnn SBordone*) 11-10-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50		Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P BENNETT, CHRIS	<input checked="" type="checkbox"/> Delete	TITLE	P Desilet, Randy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1806 FALCONCREST DR.		NAME	2001 VERSAILLES CT.	
STREET ADDRESS	TALLAHASSEE, FL 32303		STREET ADDRESS	Tallahassee FL 32308	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	ST LAWRENCE, JOHN	<input checked="" type="checkbox"/> Delete	TITLE	S. Hutchison, Mike	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1801 QUINCE DRIVE		NAME	2197 PARROT LN.	
STREET ADDRESS	TALLAHASSEE, FL 32308		STREET ADDRESS	Tallahassee FL 32303	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	M SBORDONE, LEANN	<input checked="" type="checkbox"/> Delete	TITLE	T. BAUSERMAN, J.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3968 N MONROE ST		NAME	7882 Reynolds Drive	
STREET ADDRESS	TALLAHASSEE, FL 32303		STREET ADDRESS	Tallahassee, FL 32312	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: X *Randy L. Desilet* RANDY L. DESILET 11/7/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #