

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04891

FILED  
Jul 06, 2009  
Secretary of State

**Entity Name:** VILLAS OF WESTRIDGE II 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:** 59-3041399 **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:**

**Name and Address of New Registered Agent:**

SBORDONE, LEANN  
HOMEOWNERS ASSOCIATION SERVICES  
3968 N MONROE ST  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DESILET, RANDY  
Address: 2001 VERSAILLES CT.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete  
Name: HUTCHISON, MIKE  
Address: 2197 PARROT LN.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete  
Name: BAUSERMAN, J D  
Address: 7882 REYNOLDS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: DUKES, WILLIE  
Address: 2395 PARROT LANE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: M ( ) Change (X) Addition  
Name: SBORDONE, LEANN  
Address: 3968 N. MONROE STREET  
City-St-Zip: TALLAHASSEE, FL 32303

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: LEANN SBORDONE

M

07/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date