## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000007083

FILED Mar 30, 2009 Secretary of State

Entity Name: WESTFIELD HOMEOWNERS ASSOCIATION INC

Current Principal Place of Business: New Principal Place of Business:

1866 WAREHAM WAY
CANTONMENT, FL 32533
1844 WAREHAM WAY
CANTONMENT, FL 32533

Current Mailing Address: New Mailing Address:

1819 WAREHAM WAY P.O. BOX 512

CANTONMENT, FL 32533 CANTONMENT, FL 32533

FEI Number: 13-4358290 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SCARBROUGH, DOROTHY A CASTLEBERRY, R. E

1866 WAREHAM WAY 1844 WAREHAM WAY
CANTONMENT, FL 32533 US CANTONMENT, FL 32533 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: R. EDDIE CASTLEBERRY 03/30/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 MOYLAN, BRETT B
 Name:
 CASTLEBERRY, R. E

 Address:
 1806 WAREHAM WAY
 Address:
 1844 WAREHAM WAY

 City-St-Zip:
 CANTONMENT, FL 32533
 City-St-Zip:
 CANTONMENT, FL 32533

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: CASTLEBERRY, R. EDDIE Name: BURNS, DAN

Address: 1844 WAREHAM WAY Address: 1101 LONGVIEW COURT

City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: CANTONMENT, FL 32533

Title: S () Delete Title: S (X) Change () Addition Name: SCARBROUGH, DOROTHY A Name: HILL, HALEY

Address: 1866 WAREHAM WAY Address: 1107 LONGVIEW COURT

City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: CANTONMENT, FL 32533

 Name:
 GOLDSWORTHY, MICHAEL
 Name:
 CONNER, HEATHER

 Address:
 1819 WAREHAM WAY
 Address:
 1867 WAREHAM WAY

 City-St-Zip:
 CANTONMENT, FL 32533
 City-St-Zip:
 CANTONMENT, FL 32533

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: HALEY HILL S 03/30/2009