2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N08000005528

Entity Name: WEST RIDGE PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

125 W LORETTA STREET
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

125 W LORETTA STREET
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORWOOD, RANDEL
125 W LORETTA STREET
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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: D ( ) Delete
Name: NORWOOD, RANDEL
Address: 125 W LORETTA STREET
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: NORWOOD, STACY
Address: 125 W LORETTA STREET
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: GODFREY, ROBERT JR
Address: 125 W LORETTA STREET
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: NORWOOD, STEPHANIE
Address: 125 W LORETTA STREET
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: GODFREY, STEPHANIE
Address: 125 W LORETTA STREET
City-St-Zip: PENSACOLA, FL 32505

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: STACY NORWOOD D 04/03/2009

Electronic Signature of Signing Officer or Director — Date