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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14508** (8)

1. Corporation Name

THE WESTGATE GROVES HOME OWNERS' ASSOCIATION, IN C.

Principal Place of Business %JOHN L. CHRISTIAN (PO BOX 680074) 6507 STARDUST LN. (32818) ORLANDO FL 32818-3264	Mailing Address %JOHN L. CHRISTIAN (PO BOX 680074) 6507 STARDUST LN. (32818) ORLANDO FL 32818-3264
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3. Date Incorporated or Qualified 04/22/1986	3a. Date of Last Report 05/01/1996
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4. FEI Number 59-2654612	Applied For ☐ Yes ☒ No
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5. Certificate of Incorporation 2000002289913-4	\$8.75 Additional Fee Required ☒ Yes ☐ No
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6. Election Campaign Financing Trust Fund Contribution 07/16/97-0116-002 *****6125	May Be Added to Code ☒ Yes ☐ No
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No
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2. Principal Place of Business 21 CONNIE MOORE Suite, Apt. #, etc. 22 6521 STARDUST LN City & State 23 ORLANDO FL Zip 24 32818	2a. Mailing Address 26 CONNIE MOORE Suite, Apt. #, etc. 27 6521 STARDUST LN City & State 28 ORLANDO FL Zip 29 32818 Country 30 ORANGE
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9. Name and Address of Current Registered Agent

**CHRISTIAN, JOHN
6507 STARDUST LANE
ORLANDO FL 32818**

10. Name and Address of New Registered Agent

**MICHAEL L RESNICK
1342 E VINE ST Suite 236
KISSIMMEE FL 34744**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.1508, Florida Statutes.

SIGNATURE **CONNIE MOORE** (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent Signature required when resigning) DATE **6/29/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	JORDAN, JACK STREET ADDRESS 6782 STARDUST LANE CITY-ST-ZIP ORLANDO FL	☒ DELETE	
TITLE V	LEWIS, WAYNE STREET ADDRESS 2654 ENVIRONS BLVD. CITY-ST-ZIP ORLANDO FL	☐ DELETE	☒ Change ☐ Addition
TITLE S	NEIDER, SUE STREET ADDRESS 2752 VINDALE STREET CITY-ST-ZIP ORLANDO FL	☒ DELETE	
TITLE D	JORDAN, JACK STREET ADDRESS 6782 STARDUST LANE CITY-ST-ZIP ORLANDO FL	☒ DELETE	
TITLE D	WATTS, SHIRLEY STREET ADDRESS 6685 FESTIVAL LANE CITY-ST-ZIP ORLANDO FL	☒ DELETE	
TITLE TD	CHRISTIAN, JOHN STREET ADDRESS 6507 STARDUST LANE CITY-ST-ZIP ORLANDO FL	☒ DELETE	
1.1 TITLE P.D.	LEWIS, WAYNE 1.2 NAME 2654 ENVIRONS BLVD 1.3 STREET ADDRESS ORLANDO, FL 32818 1.4 CITY-ST-ZIP		☒ Change ☐ Addition
2.1 TITLE V	Judi WILLETTE 2.2 NAME 2666 ENVIRONS BLVD 2.3 STREET ADDRESS ORLANDO, FL 32818 2.4 CITY-ST-ZIP		☒ Change ☐ Addition
3.1 TITLE S.D.	Phyllis Robinson 3.2 NAME 2643 ENVIRONS BLVD. (2643) 3.3 STREET ADDRESS ORLANDO FL 32818 3.4 CITY-ST-ZIP		☒ Change ☐ Addition
4.1 TITLE T.D.	CONNIE MOORE 4.2 NAME 6521 STARDUST LN 4.3 STREET ADDRESS ORLANDO, FL 32818 4.4 CITY-ST-ZIP		☐ Change ☒ Addition
5.1 TITLE D	JAMIE MOORE 5.2 NAME 6546 STARDUST LN 5.3 STREET ADDRESS ORLANDO, FL 32818 5.4 CITY-ST-ZIP		☐ Change ☒ Addition
6.1 TITLE A	Field' Adamski 6.2 NAME 2691 ENVIRONS 6.3 STREET ADDRESS ORLANDO, FL 32818 6.4 CITY-ST-ZIP		☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **CONNIE MOORE** (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent Signature required when resigning) DATE **6/29-97**

CR2E037 (9/96)