

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90050 026 \*\*\*\*61.25

**DOCUMENT # N14508**

1. Entity Name

**THE WESTGATE GROVES HOME OWNERS' ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 680074  
ORLANDO FL 32868-0074  
US

Mailing Address

P.O. BOX 680074  
ORLANDO FL 32868-0074  
US

24024864



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2654612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOREEN, W. RICHARD**  
**116 E ALTAMONTE DRIVE**  
**SUITE 210**  
**ALTAMONTE SPRINGS FL 32701**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **ADAMS, RICHARD**  
STREET ADDRESS **6626 FESTIVAL LANE**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **VP** ☒ Delete  
NAME **SCHAVONE, RICKY**  
STREET ADDRESS **6431 STARDUST LANE**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **S** ☒ Delete  
NAME **ROBINSON, PHYLLIS**  
STREET ADDRESS **2643 ENVIRONS BLVD**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **T** ☐ Delete  
NAME **CAUPER, GARY**  
STREET ADDRESS **6425 STARDUST LANE**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ Delete  
NAME **NEFF, TERRY**  
STREET ADDRESS **6575 STARDUST LANE**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ Delete  
NAME **LEVEROCK, HOWARD**  
STREET ADDRESS **6604 FESTIVAL LANE**  
CITY-ST-ZIP **ORLANDO FL 32818**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition  
NAME **pelton William**  
STREET ADDRESS **66485 Stardust lane**  
CITY-ST-ZIP **Orlando, FL 32818**

TITLE **VP** ☐ Change ☐ Addition  
NAME **Leverock, Howard**  
STREET ADDRESS **6604 Festival Lane**  
CITY-ST-ZIP **Orlando, FL 32818**

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **Naby Rosie**  
STREET ADDRESS **6602 Festival lane**  
CITY-ST-ZIP **Orlando, FL 32818**

TITLE **Treasurer** ☐ Change ☐ Addition  
NAME **Cauper Gary**  
STREET ADDRESS **6425 Stardust lane**  
CITY-ST-ZIP **Orlando, FL 32818**

TITLE **Director** ☐ Change ☐ Addition  
NAME **Neff, Terry**  
STREET ADDRESS **6575 Stardust lane**  
CITY-ST-ZIP **Orlando, FL 32818**

TITLE **Director** ☐ Change ☐ Addition  
NAME **Adams Richard**  
STREET ADDRESS **6626 Festival lane**  
CITY-ST-ZIP **Orlando, FL 32818**

12. I 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 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:

*William Pelton (Pres.)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 13, 04

Date

Daytime Phone #