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Secretary of State
04-08-2005 90049 042 ****70.00

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N14508

1. Entity Name
THE WESTGATE GROVES HOME OWNERS' ASSOCIATION, INC.

66012761

Principal Place of Business	Mailing Address
P.O. BOX 680074 ORLANDO, FL 32868-0074 US	P.O. BOX 680074 ORLANDO, FL 32868-0074 US

02142005 Chg-NP - CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 PELTON WILLIAM Street Address (P.O. Box Number is Not Acceptable) 6485 STARDUST LANE City ORLANDO FL Zip Code 32818

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 William Thoreen 4-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2005	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PELTON, WILLIAM 6485 STARDUST LN ORLANDO, FL 32818	☐ Delete	P PELTON WILLIAM 6485 STARDUST LN ORLANDO FL 32818	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEVEROCK, HOWARD 6604 FESTIVAL LN ORLANDO, FL 32818	☐ Delete	VP LEVEROCK, HOWARD 6604 FESTIVAL LN ORLANDO FL 32818	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NABY, ROSIE 6802 FESTIVAL LN ORLANDO, FL 32818	☑ Delete	T WABY, ROSA LEE 6642 FESTIVAL LN ORLANDO FL 32818	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAUPER, GARY 6425 STARDUST LN ORLANDO, FL 32818	☑ Delete	S NEFF, BEVERLY 6618 STARDUST LN ORLANDO FL 32818	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEFF, TERRY 6575 STARDUST LANE ORLANDO, FL 32818	☐ Delete	D NEFF, TERRY 6573 STARDUST LN ORLANDO, FL 32818	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, RICHARD 6626 FESTIVAL LN ORLANDO, FL 32818	☑ Delete		☐ Change ☐ Addition

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: Rosa Lee Waby 04-06-05 407 293 3563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROSA LEE WABY, TREASURER

Howard Leverock 04-06-05 4072994594
HOWARD LEVEROCK, VICE-PRESIDENT

CK312 $70.00