


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N14508</b> 1. Entity Name <b>THE WESTGATE GROVES HOME OWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business <b>P.O. BOX 680074 ORLANDO, FL 32868-0074 US</b>	Mailing Address <b>P.O. BOX 680074 ORLANDO, FL 32868-0074 US</b>
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2654612</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LEVEROCK, HOWARD  
6604 FESTIVAL LN  
ORLANDO, FL 32818**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

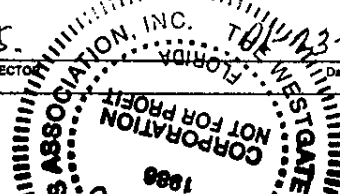
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVEROCK, HOWARD N 6604 FESTIVAL LN ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PELTON, WILLIAM 6485 STAUART LN ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WABY, ROSA L 6602 FESTIVAL LN ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEFF, BEVERLY 6618 STARDUST LANE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEFF, TERRY 6575 STARDUST LANE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/08-80022-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Howard N Leverock PRES.* **THE WESTGATE GROVES HOME OWNERS' ASSOCIATION, INC.** T812123-2008 4077976057 CCL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Paying Fee \$



407 299-4594 HOME