2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# N14508

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

Current Principal Place of Business:

P.O. BOX 680074
ORLANDO, FL 328680074 US

New Principal Place of Business:

6604 FESTIVAL LANE
ORLANDO, FL 32818 US

Current Mailing Address:

P.O. BOX 680074
ORLANDO, FL 328680074 US

New Mailing Address:

6604 FESTIVAL LANE
ORLANDO, FL 32818 US

FEI Number: 59-2654612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVEROCK, HOWARD
6604 FESTIVAL LN
ORLANDO, FL 32818 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: P ( ) Delete
Name: LEVEROCK, HOWARD N
Address: 6604 FESTIVAL LN
City-St-Zip: ORLANDO, FL 32818

Title: VP ( ) Delete
Name: PELTON, WILLIAM
Address: 6485 STAUART LN
City-St-Zip: ORLANDO, FL 32818

Title: T ( ) Delete
Name: WABY, ROSA L
Address: 6602 FESTIVAL LN
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: NEFF, BEVERLY
Address: 6618 STARDUST LANE
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: NEFF, TERRY
Address: 6575 STARDUST LANE
City-St-Zip: ORLANDO, FL 32818

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

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

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: HOWARD LEVEROCK P 03/13/2009

Electronic Signature of Signing Officer or Director — Date