

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20103

FILED
Feb 02, 2009
Secretary of State

Entity Name: WESTMONTE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5901 US 19 S
STE. 7Q
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

5901 US 19 S
STE 7Q
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

40347 US 19 N
STE 229
TARPON SPRINGS, FL 34689 US

New Mailing Address:

40347 US 19 N
STE 229
TARPON SPRINGS, FL 34689 US

FEI Number: 59-2823348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MGMT, INC
5901 US 19 S
STE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

CITADEL PROP MGMT GROUP INC
40347 US 19 N
STE 229
TARPON SPRINGS, FL 34689 US

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: JIM RANALLO, LCAM

02/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOENIG, KAREN
Address: 5901 US 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VD () Delete
Name: BOGDEN, ELLA MAY
Address: 5901 US 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Delete
Name: SADOWSKI, DONNA
Address: 5901 US 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: STD () Delete
Name: FELDMAN, MICHELLE
Address: 5901 US 19, SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KOENIG, KAREN
Address: 40347 US 19 N
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D (X) Change () Addition
Name: WIRTH, PHILLIP
Address: 40347 US 19 N
City-St-Zip: TARPON SPRINGS, FL 34689

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

Title: STD (X) Change () Addition
Name: FELDMAN, MICHELLE
Address: 40347 US 19 N
City-St-Zip: TARPON SPRINGS, FL 34689

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: JIM RANALLO, LCAM

MGR

02/02/2009

Electronic Signature of Signing Officer or Director

Date