

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90067 022 ****61.25

DOCUMENT # N20818					
1. Entity Name WESTBRIDGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10682 NW 32 PL SUNRISE, FL 33351 US			Mailing Address 10682 NW 32 PL SUNRISE, FL 33351 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERT KAYE AND ASSOCIATES 6261 NW 6TH AVE SUITE 103 FT. LAUDERDALE, FL 33309				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELOCK, FRED		NAME	WHELOCK, FRED	
STREET ADDRESS	10827 NW 32ND PL		STREET ADDRESS	10827 NW 32ND PL	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLSTEN O ROFT, PATTI		NAME	WOLSTEN CROFT, PATTI	
STREET ADDRESS	3244 NW 106 TERR		STREET ADDRESS	3244 NW 106 TERR	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CZARNOMSKI, PETER		NAME	IMBERMAN, STUART	
STREET ADDRESS	10451 NW 31ST CT		STREET ADDRESS	3130 NW 108 AVE	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONLEY, DIANNE		NAME	TURPIN, JONE	
STREET ADDRESS	10430 N.W. 31 COURT		STREET ADDRESS	10435 NW 31 CT.	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURPIN, LYNFORD		NAME		
STREET ADDRESS	10435 NW 31ST CT.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33351		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3/19/07		305-216-6667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

