

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20818

FILED
Feb 17, 2009
Secretary of State

Entity Name: WESTBRIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10682 NW 32 PL
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

10682 NW 32 PL
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 59-2810827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE AND ASSOCIATES
6261 NW 6TH AVE
SUITE 103
FT. LAUDERDALE, FL 33309 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: PD () Delete
Name: WHEELOCK, FRED
Address: 3125 NW 109TH AVE
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: WOLSTEN O ROFT, PATTI
Address: 3244 NW 106 TERR
City-St-Zip: SUNRISE, FL 33351

Title: DS (X) Delete
Name: IMBERMAN, STUART
Address: 3130 NW 108 AVE
City-St-Zip: SUNRISE, FL 33351

Title: T (X) Delete
Name: CONLEY, DIANNE
Address: 10430 N.W. 31 COURT
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Delete
Name: TURPIN, LYNFORD
Address: 10435 NW 31ST CT.
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: D (X) Delete
Name: TURPIN, IONE
Address: 10435 NW 31 CT.
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: IMBERMAN, STUART
Address: 3130 NW 108TH AVE
City-St-Zip: SUNRISE, FL 33351

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: FRED WHEELOCK

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date