


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N23766**  
 1. Entity Name  
 WESTSIDE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business  
 290 CYPRESS GARDENS BLVD.  
 WINTER HAVEN, FL 33880

Mailing Address  
 290 CYPRESS GARDENS BLVD.  
 WINTER HAVEN, FL 33880



02262005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3227471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 NOLEN, J M  
 290 CYPRESS GARDENS BLVD  
 WINTER HAVEN, FL 33884

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TUCKER, LARRY 3535 US HIGHWAY 17 NORTH WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NOLEN, J. MICHAEL 290 CYPRESS GARDENS BLVD WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAMMONS, ROBERT O 1556 6TH ST SE WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000265661  
 03/16/05-80064-015 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: J. M. Nolen **J. M. NOLEN** 3-12-05 863-294-2541  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #