


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 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
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DO NOT WRITE IN THIS SPACE



02022006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3227471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/04/06-80071-008 61.25

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IN THIS SPACE**

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: J. M. Nolen **J. M. NOLEN** 2-21-06 863-294-7591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #