


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**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

**DO NOT WRITE IN THIS SPACE**



02122008 No Chg-NP CR2E037 (4/06)  
 4. FEI Number: 59-3227471 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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

DATE: 04/03/08-80007-020 61.25

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE 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 Date: 3-3-08 Daytime Phone #: 863-294-7541