

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23766

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: WESTSIDE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

290 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

290 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33880 US

**Current Mailing Address:**

290 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33880

**New Mailing Address:**

290 CYPRESS GARDENS BLVD.  
WINTER HAVEN, FL 33880 US

FEI Number: 59-3227471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NOLEN, J M  
290 CYPRESS GARDENS BLVD  
WINTER HAVEN, FL 33884 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: D ( ) Delete  
Name: TUCKER, LARRY  
Address: 3535 US HIGHWAY 17 NORTH  
City-St-Zip: WINTER HAVEN, FL

Title: D ( ) Delete  
Name: NOLEN, J. MICHAEL  
Address: 290 CYPRESS GARDENS BLVD  
City-St-Zip: WINTER HAVEN, FL

Title: D ( ) Delete  
Name: SAMMONS, ROBERT O  
Address: 1556 6TH ST SE  
City-St-Zip: WINTER HAVEN, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: TUCKER, LARRY  
Address: 3535 US HIGHWAY 17 NORTH  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: D (X) Change ( ) Addition  
Name: NOLEN, J. MICHAEL  
Address: 290 CYPRESS GARDENS BLVD  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: D (X) Change ( ) Addition  
Name: SAMMONS, ROBERT O  
Address: 1556 6TH ST SE  
City-St-Zip: WINTER HAVEN, FL 33880 US

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: J. M. NOLEN

D

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date