FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45062 (9)

1. Corporate Name

WESTRIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5401 S KIRKMAN RD STE 525 ORLANDO FL 32819 US	5401 S KIRKMAN RD STE 525 ORLANDO FL 32819 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3106649 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — **$8.75** Additional Fee Required
6. [ ] — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business / 2a. Mailing Address: 21, 22, 23, 24, 25 / 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DESHPANDE, ANIL 5401 S KIRKMAN RD STE 525 ORLANDO FL 32819	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 617.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	DP	[ ] Change [ ] Addition
NAME	GUPTA, SURESH	
STREET ADDRESS	5401 S KIRKMAN RD STE 525	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	[ ] Change [ ] Addition
NAME	DESHPANDE, ANIL	
STREET ADDRESS	5401 S KIRKMAN RD STE 525	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DST	[ ] Change [ ] Addition
NAME	GUPTA, ROHINI	
STREET ADDRESS	5401 S KIRKMAN RD STE 525	
CITY-ST-ZIP	ORLANDO FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anil Deshpande 2-20-95 407 52 7275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0004364