

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45062** (9)  
1. Corporation Name  
**WESTRIDGE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>2180 W. STATE ROAD 434 SUITE 9000 LONGWOOD FL 32779-5044 US</b>	Mailing Address <b>2180 W. STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779-5044 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>09/10/1991</b>	4. FEI Number <b>59-3106649</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>JAMES W. HART, JR. SENTRY MANAGEMENT, INC. 2180 W SR 434, SUITE 5000 LONGWOOD FL 32779</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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10. Name and Address of New Registered Agent
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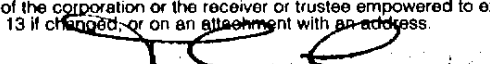
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD ANIL DESHPANDE 5401 S KIRKMAN RD STE 525 ORLANDO FL	1.1 TITLE	VD
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VTD THOMAS M. MCKEE 5401 S KIRKMAN RD STE 525 ORLANDO FL	2.1 TITLE	D
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D RICHARD M. WOODLEY 5401 S KIRKMAN RD STE 525 ORLANDO FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	PD
NAME		4.2 NAME	Suresh Gupta
STREET ADDRESS		4.3 STREET ADDRESS	5401 S. Kirkman Rd, Suite 525
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE		5.1 TITLE	SD
NAME		5.2 NAME	Rohini Gupta
STREET ADDRESS		5.3 STREET ADDRESS	5401 S. Kirkman Rd, Suite 525
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32819
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	VD
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	PD
4.2 NAME	Suresh Gupta
4.3 STREET ADDRESS	5401 S. Kirkman Rd, Suite 525
4.4 CITY-ST-ZIP	Orlando, FL 32819
5.1 TITLE	SD
5.2 NAME	Rohini Gupta
5.3 STREET ADDRESS	5401 S. Kirkman Rd, Suite 525
5.4 CITY-ST-ZIP	Orlando, FL 32819
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:  **THOMAS MCKEE** 3/2/98

CP2E037 (10/97)