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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45062

1. Corporation Name

WESTRIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

 2180 W. STATE ROAD 434
 SUITE 5000
 LONGWOOD FL 32779-5044
 US

Mailing Address

 2180 W. STATE ROAD 434
 SUITE 5000
 LONGWOOD FL 32779-5044
 US

2. Principal Place of Business

21. **C/O WORLD OF HOMES C/O WORLD OF HOMES**

Suite, Apt. #, etc.

22. **820 Palmway St**

City & State

23. **Kissimmee FL**

Zip

24. **34744**

County

25. **USA**

2a. Mailing Address

27. **820 Palmway St**

Suite, Apt. #, etc.

28. **Kissimmee FL**

City & State

29. **34744**

Zip

30. **USA**

Date Incorporated or Qualified

09/10/1991

4. FEI Number

59-3106649

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

 JAMES W. HART, JR.
 SENTRY MANAGEMENT, INC.
 2180 W SR 434, SUITE 5000
 LONGWOOD FL 32779

10. Name and Address of New Registered Agent

 81. Name **Vicki Diaz**
 82. Street Address (P.O. Box Number is Not Acceptable) **C/O WORLD OF HOMES**
 83. **820 Palmway St.**
 84. City **Kissimmee** FL 85. Zip Code **34744**

11. Pursuant to the provisions of Sections 917.0502 and 917.1508, 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 917.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/99

12. OFFICERS AND DIRECTORS

TITLE	VD	☒ DELETE
NAME	ANIL DESHPANDE	
STREET ADDRESS	5401 S KIRKMAN RD STE 525	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☒ DELETE
NAME	THOMAS M. MCKEE	
STREET ADDRESS	5401 S KIRKMAN RD STE 525	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☒ DELETE
NAME	RICHARD M. WOODLEY	
STREET ADDRESS	5401 S KIRKMAN RD STE 525	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	☒ DELETE
NAME	GUPTA, SUREAH	
STREET ADDRESS	5401 S. KIRKMAN RD, SUITE 525	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	SD	☒ DELETE
NAME	GUPTA, ROHINI	
STREET ADDRESS	5401 S. KIRKMAN RD, SUITE 525	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	☐ Change ☒ Addition
1.2 NAME	Dominick Bianco	
1.3 STREET ADDRESS	315 Nevada Loop	
1.4 CITY-ST-ZIP	Davenport, FL 33837	
2.1 TITLE	VD	☐ Change ☒ Addition
2.2 NAME	Ken Spillane	
2.3 STREET ADDRESS	231 Steamboat Blvd.	
2.4 CITY-ST-ZIP	Davenport, FL 33837	
3.1 TITLE	PD	☐ Change ☒ Addition
3.2 NAME	Pamela McGinnis	
3.3 STREET ADDRESS	212 Nevada Loop	
3.4 CITY-ST-ZIP	Davenport, FL 33837	
4.1 TITLE	PD	☐ Change ☒ Addition
4.2 NAME	Ken Moss	
4.3 STREET ADDRESS	190 Nevada Loop	
4.4 CITY-ST-ZIP	Davenport FL 33837	
5.1 TITLE	PD	☐ Change ☒ Addition
5.2 NAME	David Russell	
5.3 STREET ADDRESS	246 Greeley Loop	
5.4 CITY-ST-ZIP	Davenport FL 33837	
6.1 TITLE		☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

Date

941-424-3941

Daytime Phone