

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45062

1. Entity Name

WESTRIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O WORLD OF HOMES
820 PALM WAY ST
KISSIMMEE FL 34744
US

C/O WORLD OF HOMES
820 PALM WAY ST
KISSIMMEE FL 34744
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3106649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, VICKI
C/O WORLD OF HOMES
820 PALM WAY ST
KISSIMMEE FL 34744

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD ☐ Delete
NAME BIANCO, DOMINICK
STREET ADDRESS 375 NEVADA LOOP
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME ROBARGE, JON
STREET ADDRESS 241 DURANGO LOOP ST.
CITY-ST-ZIP DAVENPORT FL 33837

TITLE PD ☒ Change ☐ Addition
NAME Robarge, Jon
STREET ADDRESS 241 Durango Loop St.
CITY-ST-ZIP Davenport, FL 33837

TITLE D ☐ Delete
NAME FURRY, BOB
STREET ADDRESS 702 MONTANA AVE.
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME MOSS, KEN
STREET ADDRESS 190 NEVADA LOOP
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MIOK, DAVID
STREET ADDRESS 225 SANTANA
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02

407-932-4777

Date

Daytime Phone #

CR2E037 (9/01)