
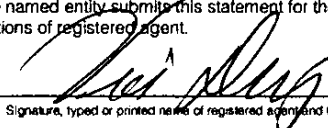




# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90006 001 \*\*\*\*61.25

<b>DOCUMENT # N45062</b> 1. Entity Name <b>WESTRIDGE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O WORLD OF HOMES 820 PALM WAY ST KISSIMMEE, FL 34744 US</b>			Mailing Address <b>C/O WORLD OF HOMES 820 PALM WAY ST KISSIMMEE, FL 34744 US</b>		
2. Principal Place of Business <b>C/O World of Homes</b>		3. Mailing Address <b>C/O World of Homes</b>			
Suite, Apt. #, etc. <b>2884 S. Osceola Ave.</b>		Suite, Apt. #, etc. <b>2884 S. Osceola Ave.</b>			
City & State <b>Orlando, FL.</b>		City & State <b>Orlando, FL.</b>			
Zip <b>32806</b>		Country <b>Orange</b>		Zip <b>32806</b>	
Country <b>Orange</b>		Country <b>Orange</b>			
6. Name and Address of Current Registered Agent  <b>DIAZ, VICKI 2884 S OSCEOLA AVE ORLANDO, FL 32806</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		SIGNATURE 		DATE <b>2-7-06</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD FLOOD, ANDREW 211 STEAMBOAT BLVD DAVENPORT, FL 33837</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ROBARGE, JON 241 DURANGO LOOP ST DAVENPORT, FL 33837</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KOSLAP, WANDA 669 DURANGO LOOP DAVENPORT, FL 33897</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>  <div style="float: right; text-align: right;"> <b>2/6/06</b>          Date Daytime Phone #       </div>					

60014500



01202006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3106649** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required