


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90090 021 \*\*\*\*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</b> <b>2884 S OSCEOLA AVE</b> <b>ORLANDO, FL 32806 US</b>			Mailing Address <b>C/O WORLD OF HOMES</b> <b>2884 S OSCEOLA AVE</b> <b>ORLANDO, FL 32806 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3106649</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For            Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DIAZ, VICKI</b> <b>2884 S OSCEOLA AVE</b> <b>ORLANDO, FL 32806</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Make check payable to Florida Department of State</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLOOD, ANDREW		NAME	LARRY LEWIS	
STREET ADDRESS	211 STEAMBOAT BLVD		STREET ADDRESS	140 NEYADA LOOP RD	
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBARGE, JON		NAME	JON ROBARGE	
STREET ADDRESS	241 DURANGO LOOP ST		STREET ADDRESS	241 DURANGO LOOP ST.	
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSLAP, WANDA		NAME		
STREET ADDRESS	669 DURANGO LOOP		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT, FL 33897		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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> <i>Larry Lewis</i> <b>10 APR 2007</b> <b>863 248 2269</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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