

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45062

FILED
Apr 14, 2009
Secretary of State

Entity Name: WESTRIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

400 CALIFORNIA BLVD
DAVENPORT, FL 33897 US

New Principal Place of Business:

Current Mailing Address:

400 CALIFORNIA BLVD
DAVENPORT, FL 33897 US

New Mailing Address:

FEI Number: 59-3106649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEWIS, LARRY
140 NEVADA LOOP RD
DAVENPORT, FL 33897 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEWIS, LARRY
Address: 140 NEVADA LOOP RD
City-St-Zip: DAVENPORT, FL 33897

Title: STD () Delete
Name: PRIMEAU, CONSTANCE
Address: 200 STEAMBOAT BLVD
City-St-Zip: DAVENPORT, FL 33897

Title: VD () Delete
Name: KOSLAP, WANDA
Address: 669 DURANGO LOOP ST
City-St-Zip: DAVENPORT, FL 33897

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY LEWIS

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date