## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N45062

1. Entity Name

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**FILED** Jan 21, 2003 8:00 am § Secretary of State

6. Name and Address of Current Registered Agent:  6. Name and Address of Current Registered Agent:  7. Name and Address of New Registered Agent:  7. Name and Address New Registered Agent:  7. Name and Address of New Registered Agent:  7. Name and Address Not Acceptable)  8. Not Address Not Acceptable)  8. Not Address Not Acceptable Agent:  8. Not Address Not Acceptable)  8. Not Address Not Acceptable Agent:  9. Not Address Not Acceptable Agent:  9. Not Add	WESTRI	DGE HOMEOWNERS' ASSOC	SIATION, INC.				01-21-2003 9023	0 009 ****	51.23	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Chy & Sisto  Chingle   Addition  Change   Addition  Change   Addition  Chinge   Addition  Chinge   Change   Addition  Chinge   Chinge   Chinge   Addition  Chinge   Chinge   Chinge   Addition  Chi	C/O WORLD 820 PALM W KISSIMMEE US	O OF HOMES VAY ST FL 34744	C/O WORLD OF HOMES 820 PALM WAY ST KISSIMMEE FL 34744		 	<b>2</b>   <b>2</b>      2 <b>2</b>     <b>2</b>      2	(  <b>  -  -  -  -  -  -  -  -  -  -  -  -  -</b>	<b>0</b>   <b>3</b>  } <b>0</b>  0    0		
Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principa	I Place of Business	3. Mailing Address							
City & State  Country  S. Certificate of Status Desired   \$8.75 Additional Pie Requirement Application of Status Desired   \$8.75 Additional Pie Requirement Applications of Status Desired   \$8.75 Additional Pie Requirement Applications of New Registered Appent 7   Name and Address of New Registered Appent 7   Name and Addre	Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.							
Stop   Country   Zip   Country   Stop   Country   Stop   Country   Stop   Status Desired   \$8.75 Additional Fee Required   \$	City & Si	late	City & State							
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  DATE Now Registered Agent 7. DATE Now Acceptable 1. Address of New Registered Agent 7. Name Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  DATE Now Registered Agent 7. Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acc	Zip	Country	Zip	Country		<del></del> -			Not Applicable	
DIAZ, VICKI C/O WORLD OF HOMES 820 PALM WAY ST KISSIMMEE FL 34744  6. The above named entity submits per 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 me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the provided of the second of the second of the second of the seco		6. Name and Address of Current	Registered Asset				_	Fee Requi	red	
Size Address (PO. Box Number is Not Acceptable)  Size PALM WAY ST KISSIMME FI. 34744  City FL Zip Code  8. The above named entity submits just statement for the purpose of changing its registered office or registered agent, or both, in the Stete of Florida. I am familiar with, and acceptable in the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  TITLE MAKE SITE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE BIANCO, DOMINICK SITE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  CITY ST - Zip DAVENPORT FI. 33837  TITLE PD DAVENPORT FI. 33837  TITLE DAVENPORT FI. 33		THE PARTY OF THE P	negratered Agent		e	~7. Name and Addr	ess of New Register	red Agent = 🗢		
820 PALM WAY ST KISSIMMEE FL 34744  8. The above named entity submus just 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  Signat				Stree						
8. The above named entity submits byte 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 regetfored agent.  SIGNATURE    SIGNATURE					<del></del>				<del></del>	
8. The above named entity gubwats pixe statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  BIANCO, DOMINICK SIRET ADDRESS AT DUVENPORT FL 33837  ITILE NAME PO DAVENPORT FL 33837  ITILE DOBERS  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Addition TILE NAME SIRET ADDRESS TO OFFICERS AND DIRECTORS III.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  CITY-ST-2P DAVENPORT FL 33837  ITILE DAVENPOR				1	<del></del>					
SIGNATURE    Signature, typed or printed name of registered depth and police of printed name of printe	8. The above	re named entity submits this statement for	r the purpose of changing its	s registered office	or registere	d agent, or both, in th	e State of Florida. I	am familiar with	ı, and accept	
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Trust Fund Contribution. Added to Fees Florida Department of State  10.		Signature, typed or printed name of registered agent	and the applicable. (NOT	E: Regutered Agent sig	nature required w	rhen reinstating)	DAT	re	<del></del> -	
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2. I hereby certify that the information supplied with this filling 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 machine the same legal effect as				CITY-ST-ZIP	]					

of the corporation or the receiver or trustee empowered to execute this report as properties that the information of the corporation or the receiver or trustee empowered to execute this report as properties. The same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE PLUSIPHED TO PRINTED NAME OF SIGNING OFFICER OF DIRECTOR.

SIGNATURE: