

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2. **FILED**
Feb 26, 2007 8:00 am
Secretary of State

02-07-2007 90040 006 ****70.00

DOCUMENT # N49286 1. Entity Name WESTRIDGE HOMEOWNERS' ASSOCIATION OF DAVIE, INC.					
Principal Place of Business 2950 N 28TH TERR HOLLYWOOD, FL 33020			Mailing Address 2950 N 28TH TERR HOLLYWOOD, FL 33020		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0391446	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGER, RANDALL K ESQ 621 NW 53RD ST STE 300 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD ☐ Delete NAME THOMPSON, DEWITT T STREET ADDRESS 2950 N 28TH TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33020			TITLE President ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE D ☐ Delete NAME SHULER, JOHN STREET ADDRESS 2950 N 28TH TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33020			TITLE SHULER, JOHN Treasurer ☒ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE VPD ☐ Delete NAME DIMEGLIO, EDDIE STREET ADDRESS 2950 N 28TH TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33020			TITLE Vice President ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE SD ☐ Delete NAME ROSENBLUM, RICHARD STREET ADDRESS 2950 N. 28 TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33020			TITLE Secretary ☐ Change ☐ Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
TITLE TD ☒ Delete NAME THOMPSON, DAVID STREET ADDRESS 2950 N 28TH TERRACE CITY-ST-ZIP HOLLYWOOD, FL 33020			TITLE Director ☒ Change ☐ Addition NAME LINDA FLACK STREET ADDRESS 2365 SW 105 TERR CITY-ST-ZIP DAVIE FL 33324		
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 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.					
SIGNATURE: _____ 1/16/07 SIGNATURE AND DATE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					