

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003881

FILED  
Feb 05, 2007  
Secretary of State

**Entity Name:** WESTGATE TOWERS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5601 WINDHOVER DRIVE  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5601 WINDHOVER DRIVE  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 59-3430899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREENSPOON, MARDER, HIRSCHFELD, ET. AL.  
TRADE CENTRE SOUTH - SUITE 700  
100 WEST CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33309 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: SIEGEL, DAVID A  
Address: 5601 WINDHOVER DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: T ( ) Delete  
Name: DUGAN, THOMAS F  
Address: 5601 WINDHOVER DRIVE  
City-St-Zip: ORLANDO, FL 32819

Title: SD ( ) Delete  
Name: WALTRIP, MARK A  
Address: 5601 WINDOVER DR  
City-St-Zip: ORLANDO, FL 32819

**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 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: THOMAS F. DUGAN

TREA

02/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date