

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 13, 2009
Secretary of State

DOCUMENT# N97000003454

Entity Name: WEST RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4003 HARTLEY RD
JACKSONVILLE, FL 32257 US**New Principal Place of Business:****Current Mailing Address:**4003 HARTLEY RD
JACKSONVILLE, FL 32257 US**New Mailing Address:****FEI Number:** 59-3470502**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CANTRELL, BRYAN
4003 HARTLEY RD
JACKSONVILLE, FL 32257 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: BEASLEY, JANELLE
Address: 10369 SUGAR GROVE RD
City-St-Zip: JACKSONVILLE, FL 32221**Title:** 1VD () Delete
Name: PAGE, DARRELL
Address: 2522 PARIS MILL RD
City-St-Zip: JACKSONVILLE, FL 32221**Title:** 2VD () Delete
Name: CHAMBLISS, MICHAEL
Address: 2402 MALLORY HILLS RD
City-St-Zip: JACKSONVILLE, FL 32221**Title:** () Delete
Name:
Address:
City-St-Zip:**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:**Title:** ST () Change (X) Addition
Name: CALABRO, MICHAEL
Address: 2514 PARIS MILL ROAD
City-St-Zip: JACKSONVILLE, FL 32221

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: JANELLE BEASLEY

DP

11/13/2009

Electronic Signature of Signing Officer or Director

Date