

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004866

FILED
Apr 01, 2009
Secretary of State

Entity Name: WESTGATE HOMEOWNER'S ASSOCIATION OF LAKE COUNTY, INC.

Current Principal Place of Business:

225 S. WESTMONTE
#3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Mailing Address:

FEI Number: 59-3520026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFAUSER, MARGO
225 S. WESTAMONTE DR.,
#3310
ALTAMONTE SPRINGS, FL 32714 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: HAYNES, LYNN
Address: 3120 BUCKLEY PLACE
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: POLLOCK, MARCIA
Address: 2981 WESTGATE DRIVE
City-St-Zip: EUSTIS, FL 32726

Title: DS () Delete
Name: BRADY, BOB
Address: 2030 VALLEY ROAD
City-St-Zip: EUSTIS, FL 32726

Title: DT () Delete
Name: MANN, BILL
Address: 3030 BUCKLEY PLACE
City-St-Zip: EUSTIS, FL 32726

Title: D () Delete
Name: DELMATTI, HEATHER
Address: 3051 BUCKLEY PLACE
City-St-Zip: EUSTIS, FL 32726

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: () 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: LYNN HAYNES

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date