2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2007
Secretary of State

DOCUMENT# N97000005722

Entity Name: WESTGLEN PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

90 WESTGLEN DR.
FORT PIERCE, FL 34981 US

New Principal Place of Business:

Current Mailing Address:

5681 CYPRESS ROAD
PLANTATION, FL 33317 US

New Mailing Address:

90 WESTGLEN DR.
FORT PIERCE, FL 34981 US

FEI Number: 65-0786357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TRENCH, GABRIELA
19000 SW 53RD ST.
SW RANCHES, FL 33332 US

Name and Address of New Registered Agent:

BERGER, ALAN
90 WESTGLEN DR
FORT PIERCE, FL 34981 US

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: ALAN BERGER 10/16/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WHITEHEAD, MATT J
Address: P.O. BOX 268422
City-St-Zip: WESTON, FL 33326

Title: DS ( ) Delete
Name: TRENCH, GABRIELA
Address: P.O. BOX 268422
City-St-Zip: WESTON, FL 33326

Title: TD ( ) Delete
Name: LOVE, AMY
Address: P.O. BOX 268422
City-St-Zip: WESTON, FL 33326

Title: VPD ( ) Delete
Name: BERGER, ALAN
Address: P.O. BOX 268422
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: TRENCH, GABRIELA
Address: 90 WESTGLEN DR
City-St-Zip: FORT PIERCE, FL 34981

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: BERGER, ALAN
Address: 90 WESTGLEN DR
City-St-Zip: FORT PIERCE, FL 34981

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: ALAN BERGER VP 10/16/2007
Electronic Signature of Signing Officer or Director Date