2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006367

FILED Apr 15, 2008 Secretary of State

Entity Name: WESTGATE SOUTH BEACH OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3611 COLLINS AVE. MIAMI BEACH, FL 33140

Current Mailing Address: New Mailing Address:

5601 WINDHOVER DRIVE ATTN: TAX DEPARTMENT ORLANDO, FL 32819

FEI Number: 65-0874310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GREESPOON, MARDER, HIRSCHFELD, RAFKIN ROSS 100 WEST CYPRESS CREEK ROAD SUITE 700

FT LAUDERDALE, FL 33309 US

GREESPOON MARDER, P.A. 100 WEST CYPRESS CREEK ROAD SUITE 700 FT LAUDERDALE, FL 33309 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: MICHAEL MARDER 04/15/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: SIEGEL, DAVID Name: SIEGEL, DAVID A

 Name:
 SIEGEL, DAVID A

 Address:
 5601 WINDHOVER DR
 Address:
 5601 WINDHOVER DR

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32819

Title: VPD () Delete Title: () Change () Addition

 Name:
 WALTRIP, MARK
 Name:

 Address:
 5601 WINDHOVER DR
 Address:

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 DUGAN, THOMAS
 Name:

 Address:
 5601 WINDHOVER DR
 Address:

 City-St-Zip:
 ORLANDO, FL 32819
 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: THOMAS F. DUGAN TREA 04/15/2008