

FILE NOW: FILING FEE IS \$61.25

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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770280 (6)  
1. Corporation Name  
WESTMOOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
2180 W SR 434 #5000 P.O. BOX 616441 LONGWOOD FL 32779  
2180 W SR 434 #5000 P.O. BOX 616441 LONGWOOD FL 32779-5044

3. Date Incorporated or Qualified 09/19/1983  
3a. Date of Last Report 05/01/1996  
4. FEI Number 59-2325688 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
HART, JAMES W JR  
2180 W SR 434 #5000  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAVINO, MIKE	
STREET ADDRESS	126 SANDPIPER RIDGE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MAYES, ROBIN	
STREET ADDRESS	7750 CARRICK CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SANTELER, JEFF	
STREET ADDRESS	243 ASHBOURNE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROESCH, DAVE	
STREET ADDRESS	127 BRIGADOON POINT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAMDAT, GOWTAM	
STREET ADDRESS	491 SANDPIPER RIDGE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAVINO, MIKE	
1.3 STREET ADDRESS	512 NORTH HUDSON	
1.4 CITY-ST-ZIP	ORLANDO FL	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANTELER, JEFF	
2.3 STREET ADDRESS	243 ASHBOURNE DR	
2.4 CITY-ST-ZIP	ORLANDO FL	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KEMP, MICHELLE	
3.3 STREET ADDRESS	7836 KINSINHAN CT	
3.4 CITY-ST-ZIP	ORLANDO FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EMMERSON, STEVE	
4.3 STREET ADDRESS	225 BRIGEDEER PT	
4.4 CITY-ST-ZIP	ORLANDO FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeffrey R. Santeler* 3-18-95  
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0014697

CR2E037 (9/96)