

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770280** (6)
1. Corporation Name
WESTMOOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2180 W SR 434 #5000 P.O. BOX #1044 LONGWOOD FL 32779	Mailing Address 2180 W SR 434 #5000 P.O. BOX #1044 LONGWOOD FL 32779
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3. Date Incorporated or Qualified 09/19/1983	
4. FEI Number 59-2325688	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent HART, JAMES W JR -SENTRY MANAGEMENT, INC. 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) C/O SENTRY MANAGEMENT, INC. 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD SAVINO, MIKE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	512 NORTH HUDSON	1.2 NAME	
STREET ADDRESS	ORLANDO FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD SANTELER, JEFF <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	243 ASHBOURNE DR.	2.2 NAME	
STREET ADDRESS	ORLANDO FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD SANTELER, JEFF <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	243 ASHBOURNE DR	3.2 NAME	TD LANGELIER, KATHY
STREET ADDRESS	ORLANDO FL	3.3 STREET ADDRESS	7452 HERRICKS LOOP
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO FL 32835
TITLE	SD BROESCH, DAVE <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	127 BRIGADOON POINT	4.2 NAME	D
STREET ADDRESS	ORLANDO FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD KEMP, MICHELLE <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7836 KINSINGHAM CT.	5.2 NAME	SD KEMP, MICHELLE
STREET ADDRESS	ORLANDO FL	5.3 STREET ADDRESS	7836 KENSINGHAM CT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO FL 32835
TITLE	D EMMERSON, STEVE <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	225 BRIDGEDEER PT.	6.2 NAME	
STREET ADDRESS	ORLANDO FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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. Santella* **JEFFREY R. SANTELLA** 3-18-98

CR2E037 (10/97)