


FILE NOW: FILING FEE IS \$61.25

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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90134 014 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770280**

1. Corporation Name  
**WESTMOOR HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business 2180 W SR 434 #5000 P.O. BOX 616441 LONGWOOD FL 32779	Mailing Address 2180 W SR 434 #5000 P.O. BOX 616441 LONGWOOD FL 32779
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified <b>09/19/1983</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2325688</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country 29	Zip 30	Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HART, JAMES W JR 2180 W SR 434 #5000 LONGWOOD FL 32779		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVINO, MIKE	1.2 NAME	
STREET ADDRESS	512 NORTH HUDSON	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTELER, JEFF	2.2 NAME	
STREET ADDRESS	243 ASHBOWNE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGELIER, KATHY	3.2 NAME	
STREET ADDRESS	7452 HERRICKS LOOP	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO F 32835	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROESCH, DAVE	4.2 NAME	
STREET ADDRESS	127 BRIGADOON POINT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, MICHELLE	5.2 NAME	
STREET ADDRESS	7836 KINSINHAN CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VD HAPPNIE, GARY
STREET ADDRESS		6.3 STREET ADDRESS	237 ASHBOWNE DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORLANDO FL 32835

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *2-18-99*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)

770280

401053-90134-14

WESTMOOR HOMEOWNERS ASSN., INC.

TITLE	DELETE	ADDITION	CHANGE
NAME		X	
STREET ADDRESS			
CITY ST ZIP			

STD  
IRAZOQUI, MICHELLE  
7457 HERRICK'S LOOP  
ORLANDO FL 32835

TITLE	DELETE	ADDITION	CHANGE
NAME		X	
STREET ADDRESS			
CITY ST ZIP			

D  
AUST, PAUL  
7464 HERRICKS LOOP  
ORLANDO FL, 32835

TITLE	DELETE	ADDITION	CHANGE
NAME		X	
STREET ADDRESS			
CITY ST ZIP			

D  
BOTELLO, DORI  
112 BRIDADOON POINT  
ORLANDO FL 32835

TITLE	DELETE	ADDITION	CHANGE
NAME			
STREET ADDRESS			
CITY ST ZIP			

TITLE	DELETE	ADDITION	CHANGE
NAME			
STREET ADDRESS			
CITY ST ZIP			