FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 770280

1. Corporation Name

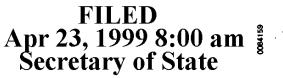
WESTMOOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Busine
2180 W SR 434 #5000
P.O. BOX 616441
LONGWOOD EL 32779

Mailing Address 2180 W SR 434 #5000

P.O. BOX 616441 LONGWOOD FL 32779

2a. Mailing Address



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



3. Date incorporated or Qualifed

2. Principal Pl	ace of Business	2a. Mailing Address		3. Date incorporated or Qualifed 09/19/1983						
1		26			4. FEI Number		1 14-			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-2325688			plied For Applicable		
22		27			39 2323000					
City & State	e	City & State			5. Certifcate of Status Desired		\$8.75 A Fee Re			
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00 May Be			
24	25 29 30				Trust Fund Contribution		Added to	Fees		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent					
			81	Name						
HART JA	MĖS W JR		82	82 Street Address (P.O. Box Number is Not Acceptable)						
•	R 434 #5000		52 Street Address (F.O. Box Humber is Not Acceptable)							
	OD FL 32779		83							
LONGINO	0016 02/19			84 City 85 Zip Coc						
			84	City		FL	85 Zip C	,ou o		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above	-named cor	poration submits this statement for the	purpose of (hanging its	registered		
office or r	egistered agent, or both, in the State c	if Florida. Such change was auti	horized by	the corporat	tion's board of directors. I hereby accep	ot the appoin	tment as req	gistered		
agent. I a	m familiar with, and accept the obligati	ons of, Section 617.0303, Florid	ia Statutes							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agen	t signature requi	red when reinstating)	DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AN	DIRECTO	RS IN 12		
TILE	VD	X DELETE	1.1 TITLE				Change	☐ Addition		
NAME	SAVINO, MIKE		1.2 NAME			•	•			
STREET ADDRESS	512 NORTH HUDSON		1.3 STREET	ADDRESS						
	ORLANDO FL		1.4 CITY-S							
CITY-ST-ZIP	PD	XX DELETE	2.1 TITLE	1-21			Change	Addition		
	SANTELER, JEFF	April	2.2 NAME	•						
NAME	243 ASHBOURNE DR.		2.3 STREET	ADDOESS			•			
STREET ADDRESS	** · - · · · - · · · · · · · · · · · · ·		t							
CITY-ST-ZIP	ORLANDO FL	DELETE	2. 4 CITY-S 3.1 TITLE	1-212			Change	Addition		
TITLE	TD	XX		ŀ						
NAME	LANGELIER, KATHY		3.2 NAME							
STREET ADDRESS	7452 HERRICKS LOOP		3.3 STREET	- 1						
CITY-ST-ZIP	ORLANDO F 32835	XX DELETE	3.4. CITY-S	T-ZIP			Change	Addition		
TITLE	D	ACA DECEME	4.1 TITLE	1	•		- ourigo			
NAME	BROESCH, DAVE		4. 2 NAME							
STREET ADDRESS	127 BRIGADOON POINT		4.3 STREET							
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-S		20		V-Y Channe			
TITLE	TD	☐ DELETE	5.1 TITLE		PD		XX Change	☐ Addition		
NAME	KEMP, MICHELLE		5.2 NAME		-					
STREET ADDRESS	7836 KINSINHAN CT.		5.3 STREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-S							
TITLE		☐ DELETE	6.1 TTTLE	I .	VD		Change	XX Addition		
NAME			6.2 NAME		HAPPNIE, GARY					
STREET ADDRESS			6.3 STREET		237 ASHBOWNE DR					
CITY-ST-7IP			6.4 CITY-S	T-ZIP (ORLANDO EL 32835					
14. I hereby o	certify that the information supplied wit	h this filing does not qualify for the	he exempt	on stated in	Section 119.07(3)(i), Florida Statutes.	I further cert	ify that the in	nformation		

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:

770280 401053-90134-14

WESTMOOR HOMEOWNERS ASSN., INC.

TITLE NAME STREET ADDRESS CITY ST ZIP	STD IRAZOQUI, MICHEL 7457 HERRICK'S L ORLANDO FL 3283	-00P	ADDITION X	CHANGE
TITLE NAME STREET ADDRESS CITY ST ZIP	D AUST, PAUL 7464 HERRICKS LO ORLANDOTEL, 3283	DELETE	ADDITION X	CHANGE
TITLE NAME STREET ADDRESS CITY ST ZIP	D BOTELLO, DORI 112 BRIDADOON PO ORLANDO FL 3283		ADDITION X	CHANE
TITLE NAME STREET ADDRESS CITY ST ZIP		DELETE	ADDITION	CHANGE .
TITLE NAME STREET ADDRESS CITY ST ZIP		DELETE	ADDITION	CHANGE