## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 19, 2002 8:00 am DOCUMENT # **770280** Secretary of State 02-19-2002 90006 020 \*\*\*\*61.25 WESTMOOR HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 677307 P.O. BOX 677307 ORLANDO FL 32867-7307 ORLANDO FL 32867-7307 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2325688 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent usca FRASCA, JOSEPH 7523 ALOMA AVENUE SUITE 210 WINTER PARK FL 32792 8. 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. FRASCA SIGNATURE Stanature, typed or printe Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE TITLE PD NAME NAME COBLE, DAVID M STREET ADDRESS STREET ADDRESS 148 CRANFIELD CT ORLANDO, FL 32 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 ☐ Addition ☐ Delete TITLE Change D۷ TITLE NAME GIONO, MARJORIE NAME STREET ADDRESS STREET ADDRESS 120 WESTMOOR BEND CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 ☐ Addition TITLE Change Delete TITLE NAME KEMP, MICHELLE NAME STREET ADDRESS STREET ADORESS 7836 KENSINGHAM CT CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32835 ☐ Change ☐ Addition TITLE TITLE NAME NAME Jajwon, Deendeyal STREET ADDRESS STREET ADDRESS 7850 KILLARY CT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 **2**D ☐ Addition TITLE □ Delete NAME NAME DOLAN, RACHEL STREET ADDRESS STREET ADDRESS 243 ASHBORNE DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 ☐ Addition イワ ☐ Delete TITLE TITLE BRINSON, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 136 CRANFIELD CT CITY-ST-ZIP CITY-ST-ZIP-

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 of the ecceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the changed, or on an attac

REQUIRIDAVIDM, COBLE 1/30/02 SIGNATURE:

ORLANDO FL 32835

CR2E037 (9/01)