


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90063 033 \*\*\*\*61.25

**DOCUMENT # 770280**  
 1. Entity Name  
**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  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2325688** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FRASCA, JOSEPH**  
**C/O PREFRRED COMMUNITY MANAGEMENT**  
**WINTER PARK FL 32792**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	GARCIA, RONALD	
STREET ADDRESS	7623 BRISBANE CT.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEIBUSH, CHRISTINE	
STREET ADDRESS	100 CRANFIELD CT.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ARNOLD, MICHELLE	
STREET ADDRESS	PO BOX 340742	
CITY-ST-ZIP	GOTHA FL 34734	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OLIVER, JOAN	
STREET ADDRESS	118 CRANFIELD CT.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOLAN, RACHEL	
STREET ADDRESS	243 ASHBORNE DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAMDAT, GOWTAM	
STREET ADDRESS	491 SANDPIPER RIDGE DR	
CITY-ST-ZIP	ORLANDO FL 32835	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 or the receiver 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-05 (407) 293-1290  
 Date Daytime Phone #