


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90014 049 ****61.25

DOCUMENT # 770280			
1. Entity Name WESTMOOR HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 677307 ORLANDO FL 32867-7307		Mailing Address P.O. BOX 677307 ORLANDO FL 32867-7307	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

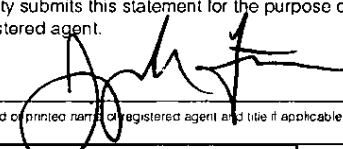


1st MOORE CR2E037 (10/06)

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. Name and Address of Current Registered Agent FRASCA, JOSEPH 4962 NORTH PALM AVE WINTER PARK FL 32792		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) C/O PREFERRED COMMUNITY MGMT. City FL Zip Code	
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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:  DATE: **3/19/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GIONO, MAGGIE 120 WESTMOOR BEND ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD GAUNTLETT, SHERRY 7621 HERRICKS LOOP ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD HAROLD STIRLING 7627 HEATHFIELD CT ORLANDO, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD SMITH, MARCUS 7626 HEATHFIELD CT ORLANDO FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SMITH, MARCUS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD SNIPES, ALEXANDER 7416 HERRICKS LOOP ORLANDO FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD RACHEL DOLAN 243 ASHBOURNE DR. ORLANDO, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BRITT, KAREN 144 WESTMOOR BEND ORLANDO FL 32835	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ENFINGER, ROSS 7452 HERRICKS LOOP ORLANDO FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **Alexandra Snipes**  DATE: **03/19/07** DAYTIME PHONE #: **407-681-0394**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR