2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90356 006 ****61.25

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1. Entity Name
WESTOVER AT TAMPA PALMS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 47742 TAMPA, FL 33647	PO BOX 47742 TAMPA, FL 33647

03262006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3736920 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MEZER, STEVEN H BUSH ROSS GARDNER WARREN & RUDY PA 220 S FRANKLIN STREET TAMPA, FL 33602	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRACI, LINDA 4814 LONDONERRY DRIVE TAMPA, FL 33647	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SEC~~ SD ~~Kaylon~~ Mishkel, Kaylon 4811 Londonderry Dr. Tampa, FL 33647	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KELLY, THOMAS 4905 LONDONBERRY DR TAMPA, FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREZ, MIKE 4812 LONDONDERRY DRIVE TAMPA, FL 33647	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ENNIS, THOMAS 4808 LONDONERRY DRIVE TAMPA, FL 33647	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Smith, Robert 5012 Londonderry Dr. Tampa, FL 33647	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SMITH, ROBERT 5012 LONDONBERRY DR TAMPA, FL 33647	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Hayes, Robert 5006 Londonderry Dr Tampa, FL 33647	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARQUART, ERNIE 4906 LONDONERRY DRIVE TAMPA, FL 33647	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Sufka, Patrick 5003 Londonderry Dr Tampa, FL 33647	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Thomas K Kelly Thomas K. Kelly 3/27/06 813/615-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #