

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005627

FILED  
Apr 25, 2007  
Secretary of State

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

**Current Principal Place of Business:**

PO BOX 47742  
TAMPA, FL 33647

**New Principal Place of Business:**

WESTOVER AT TPHOA. INC  
47742  
TAMPA, FL 33647

**Current Mailing Address:**

PO BOX 47742  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 59-3736920      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEZER, STEVEN H  
BUSH ROSS GARDNER WARREN & RUDY PA  
220 S FRANKLIN STREET  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: MISHKEL, KAYLON  
Address: 4811 LONDONBERRY DR  
City-St-Zip: TAMPA, FL 33647

Title: TD ( ) Delete  
Name: KELLY, THOMAS  
Address: 4905 LONDONBERRY DR  
City-St-Zip: TAMPA, FL 33647

Title: PD ( ) Delete  
Name: SMITH, ROBERT  
Address: 5012 LONDONBERRY DR  
City-St-Zip: TAMPA, FL 33647

Title: VP ( ) Delete  
Name: HAYES, ROBERT  
Address: 5006 LONDONBERRY DR  
City-St-Zip: TAMPA, FL 33647

Title: VP ( ) Delete  
Name: SUFKA, PATRICK  
Address: 5003 LONDONBERRY DR  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: MISHKEL, KAYLON  
Address: 4811 LONDONBERRY DR  
City-St-Zip: TAMPA, FL 33647

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ON FILE

PRES

04/25/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date