

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90171 020 \*\*\*\*61.25

**DOCUMENT # N01000005627**

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



**Principal Place of Business**  
**PO BOX 47742**  
**TAMPA FL 33647**

**Mailing Address**  
**PO BOX 47742**  
**TAMPA FL 33647**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW: FEE IS \$61.25**

**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**

|                       |          |             |                               |                                            |
|-----------------------|----------|-------------|-------------------------------|--------------------------------------------|
| <b>TITLE</b>          | <b>D</b> | <b>NAME</b> | <b>NORMAN, JAMES</b>          | <input checked="" type="checkbox"/> Delete |
| <b>STREET ADDRESS</b> |          |             | <b>4907 LONDONDERRY DRIVE</b> |                                            |
| <b>CITY-ST-ZIP</b>    |          |             | <b>TAMPA FL 33647</b>         |                                            |
| <b>TITLE</b>          | <b>D</b> | <b>NAME</b> | <b>DYER, ADINA</b>            | <input checked="" type="checkbox"/> Delete |
| <b>STREET ADDRESS</b> |          |             | <b>4815 LONDONDERRY DRIVE</b> |                                            |
| <b>CITY-ST-ZIP</b>    |          |             | <b>TAMPA FL 33647</b>         |                                            |
| <b>TITLE</b>          | <b>D</b> | <b>NAME</b> | <b>PEREZ, MIKE</b>            | <input type="checkbox"/> Delete            |
| <b>STREET ADDRESS</b> |          |             | <b>4812 LONDONDERRY DRIVE</b> |                                            |
| <b>CITY-ST-ZIP</b>    |          |             | <b>TAMPA FL 33647</b>         |                                            |
| <b>TITLE</b>          |          | <b>NAME</b> |                               | <input type="checkbox"/> Delete            |
| <b>STREET ADDRESS</b> |          |             |                               |                                            |
| <b>CITY-ST-ZIP</b>    |          |             |                               |                                            |
| <b>TITLE</b>          |          | <b>NAME</b> |                               | <input type="checkbox"/> Delete            |
| <b>STREET ADDRESS</b> |          |             |                               |                                            |
| <b>CITY-ST-ZIP</b>    |          |             |                               |                                            |

|                       |                                |                                                                              |
|-----------------------|--------------------------------|------------------------------------------------------------------------------|
| <b>TITLE</b>          | <b>Secretary - D</b>           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>           | <b>Linda Zimmerman</b>         |                                                                              |
| <b>STREET ADDRESS</b> | <b>4804 Londonderry Drive</b>  |                                                                              |
| <b>CITY-ST-ZIP</b>    | <b>Tampa, Fla 33647</b>        |                                                                              |
| <b>TITLE</b>          | <b>Treasurer - D</b>           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>           | <b>Diane Ferras</b>            |                                                                              |
| <b>STREET ADDRESS</b> | <b>4806 Londonderry Drive</b>  |                                                                              |
| <b>CITY-ST-ZIP</b>    | <b>Tampa Fla 33647</b>         |                                                                              |
| <b>TITLE</b>          | <b>President - D</b>           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>           | <b>Randy Marlow</b>            |                                                                              |
| <b>STREET ADDRESS</b> | <b>4910 Londonderry Drive</b>  |                                                                              |
| <b>CITY-ST-ZIP</b>    | <b>Tampa, Fla. 33647</b>       |                                                                              |
| <b>TITLE</b>          | <b>Vice President - D</b>      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>           | <b>Stuart Bean</b>             |                                                                              |
| <b>STREET ADDRESS</b> | <b>4913 Londonderry Dr</b>     |                                                                              |
| <b>CITY-ST-ZIP</b>    | <b>Tampa, FL 33647</b>         |                                                                              |
| <b>TITLE</b>          | <b>Assistant Secretary - D</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>           | <b>Kacy McClelland</b>         |                                                                              |
| <b>STREET ADDRESS</b> | <b>5020 Londonderry Dr</b>     |                                                                              |
| <b>CITY-ST-ZIP</b>    | <b>Tampa, Fla. 33647</b>       |                                                                              |
| <b>TITLE</b>          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                                |                                                                              |
| <b>STREET ADDRESS</b> |                                |                                                                              |
| <b>CITY-ST-ZIP</b>    |                                |                                                                              |

**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:** *Diane Ferras* *Michael Perez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-6-03 813-912-1165**

CR2E037 (10/02)