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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90096 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N27579					
1. Corporation Name WESTOVER HILLS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 3485 W. VINE ST. KISSIMMEE FL 34741 US			Mailing Address 3485 W. VINE ST. KISSIMMEE FL 34741 US		

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2. Principal Place of Business 21 52 E. South Street Suite, Apt. #, etc. 22 City & State 23 Orlando, Fl Zip Country 24 32801 25 Orange		2a. Mailing Address 26 52 E. South Street Suite, Apt. #, etc. 27 City & State 28 Orlando, Fl Zip Country 29 32801 30 Orange		3. Date Incorporated or Qualified 07/19/1988 4. FEI Number 59-2949263 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent ARENA MANGEMENT GROUP INC. 3485 W. VINE ST. THIRD FLOOR KISSIMMEE FL 34741				10. Name and Address of New Registered Agent 81 Name DON ASHER & ASSOCIATES, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 52 E. South Street 83 84 City Orlando, FL 85 Zip Code 32801			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 4/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	PD
NAME	MINNIS, LOU	1.2 NAME	
STREET ADDRESS	1031 BYERLY WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	
NAME	JENNINGS, JAN	2.2 NAME	
STREET ADDRESS	8614 ASHBURY PARK	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D/T	3.1 TITLE	D/T
NAME	CRUZ, PEDRO	3.2 NAME	
STREET ADDRESS	806 RIDGEMAR CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	
NAME	ROBERTSON, BILLIE	4.2 NAME	
STREET ADDRESS	1019 BYERLY WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	VD
NAME	Helga Anderson	5.2 NAME	Helga Anderson
STREET ADDRESS	8632 Ashbury Park	5.3 STREET ADDRESS	8632 Ashbury Park
CITY-ST-ZIP	ORL, FL.	5.4 CITY-ST-ZIP	Orlando, FL 32818
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LOU MINNIS 3/15/99 (407) 292-7766

CR2E037 (1/98)