

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27579

1. Entity Name

WESTOVER HILLS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

520E SOUTH ST
ORLANDO FL 32801
US

Mailing Address

520E SOUTH ST
ORLANDO FL 32801-2816
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2949263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DON ASHER & ASSOCIATES, INC.
52 E SOUTH ST
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MINNIS, LOU
STREET ADDRESS 1031 BYERLY WAY
CITY-ST-ZIP ORLANDO FL

TITLE DT ☐ Delete
NAME CRUZ, PEDRO
STREET ADDRESS 806 RIDGEMAR CT.
CITY-ST-ZIP ORLANDO FL

TITLE DS ☐ Delete
NAME ROBERTSON, BILLIE
STREET ADDRESS 1019 BYERLY WAY
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ Delete
NAME ANDERSON, HELGA
STREET ADDRESS 8632 ASHBURY PARK
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00
Date

(407) 225-4521
Daytime Phone #

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90040 020 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)