## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N27579** 

## FILED May 23, 2008 8:00 am Secretary of State 05-23-2008 90022 032 \*\*\*\*61.25

1. Entity Name WESTOV		S HOMEOWNER	RS' ASSO	v								
Principal Place of Business 1801 COOK AVE ORLANDO, FL 32806 US			1801	Mailing Address 1801 COOK AVE ORLANDO, FL 32806 US				40104719				
2. Principal Pl	lace of Busin	ess - No P.O. Box#	3. Maili	ng Address								
Suite, Apt. #, etc.			Suit	Suite, Apt, #, etc.				04232008 C	hg-NP	CR2E037 (12	2/06)	
City & State	9		City	City & State				4. FEI Number 59-294926	53		Applied For Not Applicable	
Zip				Zip Cou			5. Certificate of Status Desired — - \$8.75 Additional Fee Required					
	6. Name	and Address of Curre	nt Registere	d Agent		7. Name and Address of New Registered Agent						
ASHER, STEVEN D 1801 COOK AVE ORLANDO, FL 32806				  -  -			Name Street Address (P.O. Box Number is Not Acceptable)					
the obligati	ions of regist	y submits this statemen ered agent. or printed name of registered ag	32					ed agent, or both, in when reinstaling)	n the State of FI		ip Code ar with, and accept	
	_	e is \$61.25 lay 1, 2008		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.		Α	DDITIONS/CHANG	ES TO OFFICE	RS AND DIRECT	ORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINNIS, L 1031 BYE ORLANDO			Delete			OKL	T SHYDER 17 ASHRUR FL 328	7 7	_	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DRO EMAR CT. D, FL 32818		Delete		1	LAN	CO JORGEN 13 LANDS F L. FL 320	SEN CT		change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6, DUANE IBURY PK D, FL 32818		Delete			RICH 863 OP	AND ANDER 2 ASH BUR L. FL 328	rsopx 18		hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8632 ASH	DN, HELGA BURY PARK D, FL 32818		Delete			na	CMA SMIT 13 VALLEY LANDO, FL	32810		Change Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	8640 RIDO	ADRIENNE M GEMAN CT D, FL 32818		Delete		1	863 01	E HENNES LALLET LLALAD, P	13281	د <del>ر</del> 8	hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				DENT PLANI LANO F			hange 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 of tristee 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 accuracy with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

What Richard Orosasoa F

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