FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENȚ OF STATE

Sandra B. Moltham 🔌

FILED

Apr 15 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600005172 (9)

WESTOVER RESERVE HOMEOWNERS! ASSOCIATION, INC.

\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{	SAELL LIEGELIAE LIGHTEON	THE HOUSE HITTER	1,10			
Principal Place of Business		Mailing Address				
425 W COLONIAL DRIVE SUITE 201 ORLANDO FL 32604		425 W COLONIAL DRIVE SUITE 201 ORLANDO FL 32804-6875				
						3. Date Incorporated or Qualified 10/09/1996 3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For
Suite, Apt. #, etc.						Not Applicable
22		Suite, Apt. #, etc. 27	27			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	⊢ 1 '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	├ ──	ıntry	1	This corporation has liability for intangible tax under s. 199.032.
24	25	29	30	r—		Florida Statutes Yes No
	9. Name and Address of Cur	rent Hegistered Agent		81	Name	10. Name and Address of New Registered Agent
CURTIS,	DAIN I					
	COLONIAL DRIVE			82	Street Add	Idress (P.O. Box Number is Not Acceptable)
SUITE 201 ORLANDO FL 32804				83		
URLAND	OU PL 32804			84	City	FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 617.0 registered agent, or both, in the St	0502 and 617.1508, Florida State of Florida Such change was	utes, the at	bove d by	a-named cor	progration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the ob	oligations of, Section 617.0503, f	Florida Stat	tutes	š .	
SIGNATURE	Signature, typed or printed name of registered		OTE flegislerer	d Age	nt signature req.	DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.
TITLE	D Curtis, Paul L	L_] DELETE	1.1]))			Change Addition
NAME STREET ADDRESS	425 W COLONIAL DRIVE S	TE 201	1.2 N/		ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804	,,E 201	1.4 Cl		- 1	
TITLE	D	DELETE	2.1 T/1			☐ Change ☐ Addition
NAME	CURTIS, CLINTON A		2.2 NA	AME		
STREET ADDRESS	425 W COLONIAL DRIVE S	STE 201	2.3 ST	REET	ADDRESS	·*
CITY-ST-ZIP	ORLANDO FL 32804		2. 4 C	ITY - S	ST-ZIP	
TITLE	D	☐ DELETE	3.1 T(1		l	Change Addition
NAME	CURTIS, SARAH L	TE 004	3.2 NA			· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	425 W COLONIAL DRIVE S ORLANDO FL 32804	אוב צטו	1		ADDRESS	
CITY+ST+ZIP TITLE	UNDANUU PL 32004	DELETE	3.4, CI 4.1 T/I		ST-ZIP	☐ Change ☐ Addition
NAME		Land December	4. 2 N			
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP			4.4 DI			
TITLE		DELETE	5.1 TIT	_	1 21	Change Addition
NAME			5.2 NA	AME		
STREET ADDRESS			5.3 ST	REET	ADDRESS	
City-St-ZIP			5.4 DI	TY-ST	T-ZIP	
TITLE	TITLE		61 TITLE			☐ Change ☐ Addition
NAME			62 NA	AME		
STREET ADDRESS		_	63 \$1	REET	ADDRESS	
CITY-ST-ZIP			64 CI			
informatio	by certify that the information support indicated on this annual report of ficer or director of the corporation	olied with this filled does not had or supplemental annual report is the rescipcion trustee empo	lity for the true and a wered to e	exer execu	nption state rate and tha ute this repo	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the at my signature shall have the same legal effect as if made under oath; that ort as required by Chapter 617, Florida Statutes, and that my name