

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005172

1. Entity Name

WESTOVER RESERVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

425 W COLONIAL DRIVE
SUITE 201
ORLANDO FL 32804

Mailing Address

425 W COLONIAL DRIVE
SUITE 201
ORLANDO FL 32804

2. Principal Place of Business

7512 Dr. Phillips Blvd.

Suite, Apt. #, etc.

50-275

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Address

7512 Dr. Phillips Blvd.

Suite, Apt. #, etc.

50-275

City & State

Orlando, FL

Zip

32819

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3412001

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURTIS, PAUL L

425 W COLONIAL DRIVE
SUITE 201
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name Robert L. Shaw, Jr. - Treasurer

Street Address (P.O. Box Number is Not Acceptable) 1816 Westover
~~7512 Dr. Phillips Blvd.~~ Reserve Blvd.

50-275

City

Orlando Windermere FL

Zip Code

32819

34786

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

Robert L. Shaw, Jr.

Robert L. Shaw, Jr. Treasurer 4-20-02

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 PSTD
NAME CURTIS, PAUL L
STREET ADDRESS 425 W COLONIAL DRIVE STE 201
CITY-ST-ZIP ORLANDO FL 32804 ☒ Delete

TITLE VD
NAME CURTIS, CLINTON A
STREET ADDRESS 425 W COLONIAL DRIVE STE 201
CITY-ST-ZIP ORLANDO FL 32804 ☒ Delete

TITLE D
NAME CURTIS, SARAH L
STREET ADDRESS 425 W COLONIAL DRIVE STE 201
CITY-ST-ZIP ORLANDO FL 32804 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 President P, D
NAME Jim Costello
STREET ADDRESS 1708 Westover Reserve Blvd.
CITY-ST-ZIP Windermere, FL 34786 ☐ Change ☒ Addition

TITLE Vice President V, D
NAME Susan Bandlin
STREET ADDRESS 1909 ~~Phillips Blvd.~~ Criterion Ct.
CITY-ST-ZIP Windermere, FL 34786 ☐ Change ☒ Addition

TITLE Treasurer T, D
NAME Robert L. Shaw, Jr., CAM
STREET ADDRESS 1816 Westover Reserve Blvd.
CITY-ST-ZIP Windermere, FL 34786 ☐ Change ☒ Addition

TITLE Secretary S, D
NAME Doreen Ferando
STREET ADDRESS 1918 Westover Reserve Blvd.
CITY-ST-ZIP Windermere, FL 34786 ☐ Change ☒ Addition

TITLE Director - ARM Chairman
NAME Dean Karshaw
STREET ADDRESS 1924 Westover Reserve Blvd.
CITY-ST-ZIP Windermere, FL 34786 ☐ Change ☒ Addition

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:

Robert L. Shaw, Jr.

Robert L. Shaw, Jr.

4-20-02

407-965-1792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)