

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005172

FILED
Jan 10, 2007
Secretary of State

Entity Name: WESTOVER RESERVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7512 DR PHILLIPS BLVD
#50-275
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7512 DR PHILLIPS BLVD
#50-275
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3412001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTELLO, JAMES P
1708 WESTOVER RESERVE BLVD.
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COSTELLO, JIM
Address: 1708 WESTOVER RESERVE BLVD
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: LEMIS, ANN
Address: 1925 WESTOVER RESERVE BLVD.
City-St-Zip: WINDERMERE, FL 34786

Title: SD () Delete
Name: MCKINLEY, CINDY
Address: 1725 WESTOVER RESERVE BLVD
City-St-Zip: WINDERMERE, FL 34786

Title: TD (X) Delete
Name: SAMPIERI, LINDA
Address: 2034 WESTOVER RESERVE BLVD
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: BUTCHER, BRYAN
Address: 1912 WESTOVER RESERVE BLVD.
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HAYES, RON
Address: 2033 WESTOVER RESERVE BLVD.
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. COSTELLO

PD

01/10/2007

Electronic Signature of Signing Officer or Director

Date