

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770280

FILED
Feb 24, 2009
Secretary of State

Entity Name: WESTMOOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 677307
ORLANDO, FL 328677307

New Principal Place of Business:

4962 N. PALM AVENUE
WINTER PARK, FL 32792

Current Mailing Address:

P.O. BOX 677307
ORLANDO, FL 328677307

New Mailing Address:

FEI Number: 59-2325688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRASCA, JOSEPH
4962 NORTH PALM AVE
C/O PREFERED COMMUNITY MGMT
WINTER PARK, FL 32792 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: TD () Delete
Name: STIRLING, HAROLD
Address: 7627 HEATHFIELD CT
City-St-Zip: ORLANDO, FL 32835

Title: PD () Delete
Name: SMITH, MARCUS
Address: 7626 HEATHFIELD CT
City-St-Zip: ORLANDO, FL 32835

Title: SD () Delete
Name: SNIPES, ALEXANDER
Address: 7416 HERRICKS LOOP
City-St-Zip: ORLANDO, FL 32835

Title: VD () Delete
Name: KEMP, MICHELLE
Address: PO BOX 340742
City-St-Zip: GOTH A, FL 34734

Title: D () Delete
Name: ENFINGER, ROSS
Address: 7452 HERRICKS LOOP
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: GRANDLUND, MARGIE
Address: 316 ASHBOURNE PR.
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: RAFFINGTON, GREG
Address: 131 CRANFIELD COURT
City-St-Zip: ORLANDO, FL 32835

Title: VD (X) Change () Addition
Name: VERGHESE, ROGY E
Address: 310 ASHBOURNE DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: SD (X) Change () Addition
Name: ENFINGER, ROSS
Address: 7452 HERRICKS LOOP
City-St-Zip: ORLANDO, FL 32835

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

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH FRASCA

MGR

02/24/2009

Electronic Signature of Signing Officer or Director

Date