


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90274 014 \*\*\*\*70.00

<b>DOCUMENT # N01000003077</b>		
1. Entity Name <b>WESTOVER ROAD NEIGHORHOOD ASSOCIATION, INC.</b>		
Principal Place of Business <b>3593 WESTOVER ROAD ORANGE PARK FL 32003</b>		Mailing Address <b>3593 WESTOVER ROAD ORANGE PARK FL 32003</b>
2. Principal Place of Business <b>3560 WESTOVER ROAD</b>	3. Mailing Address <b>3560 WESTOVER ROAD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>ORANGE PARK, FL.</b>	City & State <b>ORANGE PARK, FL.</b>	
Zip <b>32003</b>	Country	Zip <b>32003</b>
Country		Country



1st MOORE CR2E037 (10/05)

4. FEI Number <b>26-7198417</b>		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		Not Applicable
6. Name and Address of Current Registered Agent  <b>MOSS, JOHN HEAD, MOSS &amp; FULTON 1530 BUSINESS CENTER DR ORANGE PARK FL 32003</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D REISTERER, DAVID 3507 WESTOVER ROAD ORANGE PARK FL 32003</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STRAUB, CHARLES 3550 WESTOVER ROAD ORANGE PARK FL 32003</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROOKS, FREEMAN 3593 WESTOVER ROAD ORANGE PARK FL 32003</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MALOTT, DONALD D 3560 WESTOVER ROAD ORANGE PARK FL 32003</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TEW, DOUGLAS DR. 3527 WESTOVER ROAD ORANGE PARK FL 32003</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Douglas M. Tew* **Douglas M. Tew** 4/27/06 (904) 272-7863