

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N01000003077**

1. Entity Name

**WESTOVER ROAD NEIGHORHOOD ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**3560 WESTOVER RD  
ORANGE PARK FL 32003**

**3560 WESTOVER RD  
ORANGE PARK FL 32003**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**26-7198417**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSS, JOHN  
HEAD, MOSS & FULTON  
1530 BUSINESS CENTER DR  
ORANGE PARK FL 32003**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** ☐ Delete  
NAME: **REISTERER, DAVID**  
STREET ADDRESS: **3507 WESTOVER ROAD**  
CITY-STATE-ZIP: **ORANGE PARK FL 32003**

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: **D** ☐ Delete  
NAME: **STRAUB, CHARLES**  
STREET ADDRESS: **3550 WESTOVER ROAD**  
CITY-STATE-ZIP: **ORANGE PARK FL 32003**

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: **D** ☐ Delete  
NAME: **BROOKS, FREEMAN**  
STREET ADDRESS: **3593 WESTOVER ROAD**  
CITY-STATE-ZIP: **ORANGE PARK FL 32003**

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: **D** ☐ Delete  
NAME: **MALOTT, DONALD D**  
STREET ADDRESS: **3560 WESTOVER ROAD**  
CITY-STATE-ZIP: **ORANGE PARK FL 32003**

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: **D** ☐ Delete  
NAME: **TEW, DOUGLAS DR.**  
STREET ADDRESS: **3527 WESTOVER ROAD**  
CITY-STATE-ZIP: **ORANGE PARK FL 32003**

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

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**

**4/26/07 (904) 945-1224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Device Phone #