


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000003077 1. Entity Name WESTOVER ROAD NEIGHORHOOD ASSOCIATION, INC.	
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Principal Place of Business 3560 WESTOVER RD ORANGE PARK FL 32003	Mailing Address 3560 WESTOVER RD ORANGE PARK FL 32003
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State Zip Country	City & State Zip Country
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4. FEI Number 26-7198417	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOSS, JOHN HEAD, MOSS & FULTON 1530 BUSINESS CENTER DR ORANGE PARK FL 32003	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____

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

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D REISTERER, DAVID	<input type="checkbox"/>
NAME	3507 WESTOVER ROAD	
STREET ADDRESS	ORANGE PARK FL 32003	
CITY-ST-ZIP		
TITLE	D STRAUB, CHARLES	<input type="checkbox"/>
NAME	3550 WESTOVER ROAD	
STREET ADDRESS	ORANGE PARK FL 32003	
CITY-ST-ZIP		
TITLE	D BROOKS, FREEMAN	<input type="checkbox"/>
NAME	3593 WESTOVER ROAD	
STREET ADDRESS	ORANGE PARK FL 32003	
CITY-ST-ZIP		
TITLE	D MALOTT, DONALD D	<input type="checkbox"/>
NAME	3560 WESTOVER ROAD	
STREET ADDRESS	ORANGE PARK FL 32003	
CITY-ST-ZIP		
TITLE	D TEW, DOUGLAS DR.	<input type="checkbox"/>
NAME	3527 WESTOVER ROAD	
STREET ADDRESS	ORANGE PARK FL 32003	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U000000899096		
NAME	04/28/08-80025-004 70.00		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-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 4/10/08 (904)269-6040**