

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2007 08:00 A
Secretary of State

DOCUMENT # N05000008121

1. Entity Name

**WESTWOOD OF GROVELAND HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**301 N US HWY 27 SUITE G
CLERMONT, FL 34711**

Mailing Address

**301 N US HWY 27 SUITE G
CLERMONT, FL 34711**



07092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1257329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GAMMON, FRANK M JR
301 N US HWY 27 SUITE G
CLERMONT, FL 34711**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee Is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GAMMON, FM JR
301 N US HWY 27 SUITE G
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
BEATY, F
301 N US HWY 27 SUITE G
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
NORTHCUTT, S
301 N US HWY 27 SUITE G
CLERMONT, FL 34711**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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08/31/07-80004-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Susan L. Northcutt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/07

Date

(352) 394-8215

Daytime Phone #