FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N12246** **(7)**

1. Corporation Name

WESTLINKS HOMEOWNER'S ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9000 PARK BLVD SEMINOLE FL 34647	9000 PARK BLVD SEMINOLE FL 34647

3. Date Incorporated or Qualified: **11/25/1985**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2772659** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — Country — 25 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

JUDD, BEN F.
2106 DREW ST. SUITE 103
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCINTOSH, JOHN	1.2 NAME	PD DECEASED
STREET ADDRESS	9334 WESTLINKS TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☑ Change ☐ Addition
NAME	JACKSONV, WILLIAM	2.2 NAME	VD - ACTING PRESIDENT
STREET ADDRESS	9390 WESTLINKS TERR	2.3 STREET ADDRESS	JACKSON, WILLIAM
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	9390 WESTLINKS TERR. SEMINOLE FL
TITLE	TD	3.1 TITLE	☑ Change ☐ Addition
NAME	GRANTGES, TERRY	3.2 NAME	TD SCERBACK, WILMA
STREET ADDRESS	9290 WESTLINKS TERR	3.3 STREET ADDRESS	9394 WESTLINKS TERR.
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	SEMINOLE FL
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	VINCENT, MAURICE A	4.2 NAME	
STREET ADDRESS	9416 WESTLINKS TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	CALEY, DON	5.2 NAME	D WEITSEIN, ROBERT
STREET ADDRESS	9392 WESTLINKS TERR	5.3 STREET ADDRESS	9310 WESTLINKS TERR.
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	SEMINOLE FL
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Willie Jackson / William E. Jackson **4/19/95** **813-397-7368**

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

600176