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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12246** (7)

1. Corporation Name

WESTLINKS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**9300 PARK BLVD
SEMINOLE FL 34647**

**9300 PARK BLVD
SEMINOLE FL 33777-4139**



2. Principal Place of Business 21 9300 PARK BLVD Suite, Apt. #, etc. 22 SEMINOLE, FL. City & State 23 33777 U.S.A. Zip Country		2a. Mailing Address 26 9300 Park Blvd. Suite, Apt. #, etc. 27 SEMINOLE, FL. City & State 28 33777 U.S.A. Zip Country		3. Date Incorporated or Qualified 11/25/1985	3a. Date of Last Report 04/29/1996
4. FEI Number 59-2772659		Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		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.
2400 DREW ST. SUITE 103
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name **SELF** **Lee Ann McCall**
82 Street Address (P.O. Box Number is Not Acceptable) **9354 Westlinks**
83 MANAGED
84 City **Seminole** **FL** **85 Zip Code** **33777**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **Lee Ann McCall** **Lee Ann McCall** **3/31/97**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	MCINTOSH, JENNIE	1.2 NAME	OLGA ALLETTARO
STREET ADDRESS	9334 WESTLINKS TERRACE	1.3 STREET ADDRESS	9572 WESTLINKS TERRACE
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	SEMINOLE, FL - 33777
TITLE	TD	2.1 TITLE	☐ Change ☒ Addition
NAME	SCERBACK, WILMA	2.2 NAME	KARIN McCOMIS
STREET ADDRESS	9394 WESTLINKS TERR.	2.3 STREET ADDRESS	9414 WESTLINKS TERRACE
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	SEMINOLE, FL - 33777
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	MIRACLE, BARBARA	3.2 NAME	
STREET ADDRESS	9252 WESTLINKS TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WETSTEIN, ROBERT	4.2 NAME	
STREET ADDRESS	9310 WESTLINKS TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	MCCALL, LEE ANN	5.2 NAME	LEE ANN MCCALL
STREET ADDRESS	9354 WESTLINKS TERRACE	5.3 STREET ADDRESS	9354 WESTLINKS TERR.
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	SEMINOLE, FL - 33777
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MAGUIRE, EMMETT	6.2 NAME	
STREET ADDRESS	9352 WESTLINKS TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: **Wilma Scerback (WILMA SCERBACK)** **Treas.** **March 1, 1997**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051956

CR2E037 (9/96)