FILE NOW: FILING FEE IS $61.25

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N12246 (7)

1. Corporation Name

WESTLINKS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9300 PARK BLVD SEMINOLE FL 33777 US	9300 PARK BLVD SEMINOLE FL 33777 US

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCALL, LEE ANN 9354 WEST LINKS TERR. SEMINOLE FL 33777	81 Name: Arthur Scarvelli 82 Street Address (P.O. Box Number is Not Acceptable): 9410 Westlinks Terrace 83 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: Arthur Scarvelli ARTHUR SCARVELLI 4-15-98
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	V	☑ DELETE	1.1 TITLE	V	☐ Change ☑ Addition
NAME	ACCETTURO, OLGA		1.2 NAME	Karin McCormis	
STREET ADDRESS	9372 WEST LINKS TERR.		1.3 STREET ADDRESS	9414 Westlinks Terrace	
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	Seminole, FL 33777	
TITLE	TD	☑ DELETE	2.1 TITLE	TD	☐ Change ☑ Addition
NAME	SCERBACK, WILMA		2.2 NAME	Barbara Miracle	
STREET ADDRESS	9394 WESTLINKS TERR.		2.3 STREET ADDRESS	9252 Westlinks Terrace	
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP	Seminole, FL 33777	
TITLE	SD	☑ DELETE	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	MIRACLE, BARBARA		3.2 NAME	Maury Vincent	
STREET ADDRESS	9252 WESTLINKS TERRACE		3.3 STREET ADDRESS	9416 Westlinks Terrace	
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP	Seminole, FL 33777	
TITLE	D	☐ DELETE	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	P	☑ DELETE	5.1 TITLE	P	☐ Change ☑ Addition
NAME	MCCALL, LEE ANN		5.2 NAME	Arthur Scarvelli	
STREET ADDRESS	9354 WEST LINKS TERR.		5.3 STREET ADDRESS	9410 Westlinks Terrace	
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-ST-ZIP	Seminole, FL 33777	
TITLE	D	☐ DELETE	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		

CR2E037 (10/97)

14. I 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: Barbara Miracle Barbara Miracle Treas. 4/15/98 813/892-2634