FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State
03-24-1999 90007 045 ****61.25

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DOCUMENT # N12246

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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

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

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

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

9. Name and Address of Current Registered Agent

SCARVELLI, ARTHUR
9410 WESTLINKS TERR
SEMINOLE FL 33777

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 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 _____ 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	V	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MCCORNIS, KARIN		1.2 NAME	Karin McComis	
STREET ADDRESS	9414 WESTLINKS TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33777		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MIRACLE, BARBARA		2.2 NAME		
STREET ADDRESS	9252 WESTLINKS TERR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33777		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VINCENT, MAURY		3.2 NAME		
STREET ADDRESS	9416 WESTLINKS TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33777		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	WETSTEIN, ROBERT		4. 2 NAME	Joyce Cerce	
STREET ADDRESS	9310 WESTLINKS TERR		4.3 STREET ADDRESS	9250 Westlinks Terrace	
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP	Seminole, FL 33777	
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCARVELLI, ARTHUR		5.2 NAME		
STREET ADDRESS	9410 WESTLINKS TERR		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33777		5.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Barbara L Miracle Treasurer — 3/21/99 — 727-892-2634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #