

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90364 018 ****61.25

DOCUMENT # N12246

1. Entity Name
WESTLINKS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**9300 WESTLINKS TERR
SEMINOLE, FL 33777 US**

Mailing Address
**9300 WESTLINKS TERR
SEMINOLE, FL 33777 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2772659

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, MONA R
9390 WESTLINKS TERR.
SEMINOLE, FL 33777**

Name
William E. Jackson
Street Address (P.O. Box Number is Not Acceptable)
9390 Westlinks Terrace
City
Seminole FL Zip Code
33777

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FERGUSON, MIRE
9356 WESTLINKS TERR.
SEMINOLE, FL 33777** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MBR
WARWICK, RICHARD
9274 WESTLINKS TERRACE
SEMINOLE, FL 33777** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FERGUSON, CINDY
9356 WESTLINK TERR.
SEMINOLE, FL 33777** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MALD
FLICKINGER, ROBERT
9332 WESTLINKS TERR
SEMINOLE, FL 33777** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MBR
KLINE, JUDI
9334 WESTLINKS TERRACE
SEMINOLE, FL 33777** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
VINCENT, SYLVIA
9416 WESTLINKS TERR.
SEMINOLE, FL 33777** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Carol Warwick
9274 Westlinks Terrace
Seminole, FL 33777** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Mona R. Jackson
9390 Westlinks Terr
Seminole, FL 33777** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**member at large
marie Johnson
9372 Westlinks Terr
Seminole, FL 33777** ☒ Change ☐ Addition

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: **X Mona R. Jackson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06
Date

Daytime Phone #