


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90073 040 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2772659	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JACKSON, WILLIAM E 9390 WEATLINKS TERR SEMINOLE, FL 33777				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JOHN NABGEL 9410 WESTLINKS TERR SEMINOLE, FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARWICK, CAROL 9274 WESTLINKS TERR SEMINOLE, FL 33777		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CYNTHIA Smith 9316 WESTLINKS SEMINOLE FL 33777	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, MONA R 9390 WESTLINKS TERR SEMINOLE, FL 33777		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALD FLICKINGER, ROBERT 9332 WESTLINKS TERR SEMINOLE, FL 33777		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR KLINE, JUDI 9334 WESTLINKS TERRACE SEMINOLE, FL 33777		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL JOHNSON, MARIE 9372 WESTLINKS TERR SEMINOLE, FL 33777		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>W. Jackson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/13/07 <small>Date</small>		