

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90056 017 ****61.25

DOCUMENT # N19250

1. Entity Name
WESTBURY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779-5044 US**

Mailing Address
**PO BOX 2495
OCALA, FL 34474 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2180 WEST SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 5000



03272008 Chg-NP CR2E037 (12/06)

City & State

City & State
LONGWOOD, FL

4. FEI Number
59-2932599

Applied For
Not Applicable

Zip

Country

Zip

32779

Country

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

**HART, JAMES W JR
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779-5044**

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

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, 2008**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JONES, GARY	
STREET ADDRESS	5514 SW 30TH AVE.	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BIANCULLI, MIKE	
STREET ADDRESS	5590 SW 28TH AVE	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALLEN, MARY LYNN	
STREET ADDRESS	5305 SW 30TH AVE	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOPEZ, SIMA	
STREET ADDRESS	5561 SW 30TH AVE	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARINO, KEN	
STREET ADDRESS	5531 SW 30TH AVE.	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAIN, CAROLYN	
STREET ADDRESS	2775 SW 53 ST	
CITY-ST-ZIP	OCALA, FL 34474	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAIN, JOHN	
STREET ADDRESS	2775 SW 53RD ST	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIANCULLI, MIKE	
STREET ADDRESS	5590 SW 28TH AVE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, MARY LYNN	
STREET ADDRESS	5305 SW 30TH AVE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, SIMA	
STREET ADDRESS	5594 SW 30TH AVE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, KEN	
STREET ADDRESS	5331 SW 30TH AVE	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLACK, ROBERT	
STREET ADDRESS	3060 SW 53RD ST	
CITY-ST-ZIP	OCALA, FL 34471	

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:

Mary Lynn Allen Mary Lynn Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08

Date

352-266-3326

Daytime Phone #