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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GREENSPOON MARDER, P.A.
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Phone : (888)491-1120
Fax Number : (954)333-2132

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: rogerio.xavier@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
WESTOVER RIDGE HOMEOWNERS' ASSOCIATION, INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: WESTOVER RIDGE HOMEOWNERS' ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
9087 Westover Roberts Road

Windermere, FL 34786

Mailing address, if different is:

9087 Westover Roberts Road

Windermere, FL 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose for which the Association is organized is to take title to, operate,
administer, finance, insure, repair, replace, manage, lease, and maintain the Association Property in
accordance with the terms of, and purposes set forth in, the Westover Ridge Documents and to
carry out the covenants and enforce the provisions of the Westover Ridge Documents.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Plurality vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rogério Xavier - President

Address: 9087 Westover Roberts Road
Windermere, FL 34786

Name and Title: Jose Sanz - Vice President

Address: 9087 Westover Roberts Road
Windermere, FL 34786

Name and Title: Simone de Oliveira Xavier - Secretary

Address: 9087 Westover Roberts Road
Windermere, FL 34786

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

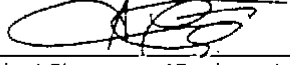
Name and Title: _____ Name and Title: _____

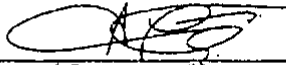
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Rogério XavierAddress: 8524 Sugar Palm CourtOrlando, FL 32835**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Rogério XavierAddress: 8524 Sugar Palm CourtOrlando, FL 32835**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Required Signature of Registered Agent12/09/24_____
Date*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitute a third degree felony as provided for in s.817.155, F.S.*

Required Signature of Incorporator12/09/24_____
Date

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