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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000004533

1. Corporation Name

WESTOVER AT HEATHROW HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

**401 WEST COLONIAL DRIVE
SUITE 7
ORLANDO FL 32804**

Mailing Address

**401 WEST COLONIAL DRIVE
SUITE 7
ORLANDO FL 32804**



2. Principal Place of Business

21 2180 W SR 434

Suite, Apt. #, etc.

22 STE 5000

City & State

23 LONGWOOD FL

Zip Country

24 32779 25 US

2a. Mailing Address

26 2180 W SR 434

Suite, Apt. #, etc.

27 STE 5000

City & State

28 LONGWOOD FL

Zip Country

29 32779 30 US

3. Date Incorporated or Qualified

08/29/1996

4. FEI Number

59-3423254

Applied For

Not Applicable

5. Certificate 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

**FANT, JAMES H
401 WEST COLONIAL DRIVE
SUITE 7
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

**81 Name HART, JAMES W JR
82 Street Address (P.O. Box Number is Not Acceptable)
SENTRY MANAGEMENT INC
83 2180 W SR 434 STE 5000
84 City LONGWOOD FL 85 Zip Code 32779**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/99

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME FANT, JAMES H
STREET ADDRESS 401 WEST COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32804** ☐ DELETE

**TITLE STD
NAME CONANT, ELIZABETH
STREET ADDRESS 401 WEST COLONIAL DRIVE
CITY-ST-ZIP ORLANDO FL 32804** ☐ DELETE

**TITLE VPD
NAME DOMINGUEZ, CARMEN
STREET ADDRESS 3551 WEST LAKE MARY BOULEVARD, SUITE 207
CITY-ST-ZIP LAKE MARY FL 32746** ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP** ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP** ☐ Change ☐ Addition

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP** ☐ Change ☐ Addition

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP** ☐ Change ☐ Addition

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP** ☐ Change ☐ Addition

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP** ☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP** ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARMEN DOMINGUEZ **3/31/99**

Date

Daytime Phone #

407 444 5600

CR2E037 (11/98)