## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # N96000004533 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name WESTOVER AT HEATHROW HOMEOWNERS ASSOCIATION, INC 04-26-2000 90075 037 \*\*\*\*61.25 Principal Place of Business Mailing Address 2180 W SR 434 2180 W SR 434 STE 5000 STE 5000 LONGWOOD FL 32779 LONGWOOD FL 32779 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3423254 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART JR. JAMES W SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 City Zip Code FL LONGWOOD FL 32779 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be $\Box$ Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD X Delete Change Addition TITLE DALE NELSON NAME FANT, JAMES H NAME STREET ADDRESS STREET ADDRESS **401 WEST COLONIAL DRIVE** 1265 SADDLEWORTH PL CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32804 <u>HEATHROW FL 32746</u> Addition ☐ Change Delete STD TITLE CONANT, ELIZABETH NAME SHERRIE MOSER STREET ADDRESS STREET ADDRESS **401 WEST COLONIAL DRIVE** 1530 WESTOVER LOOP CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 HEATHROW FL 32746 ☐ Change **K**☐ Delete Addition TITL F TITLE ĽÝN MORRISON DOMINGUEZ, CARMEN NAME NAME STREET ADDRESS 3551 WEST LAKE MARY BOULEVARD, SUITE 207 STREET ADDRESS 1534 WESTOVER LOOP CITY-ST-ZIP CITY-ST-7IP LAKE:MARY FL 32746 <u> HEATHROW FL 32746</u> Change X Addition ☐ Delete TITLE TITLE TD NAME NAME CHERIE FOUTZ STREET ADDRESS STREET ADDRESS 1565 WESTOVER LOOP CITY-ST-ZIP CITY-ST-ZIP HEATHROW FL-32746 Change X Addition ☐ Delete TITLE TITLE MARGARETE SHEPHARD NAME NAME STREET ADDRESS STREET ADDRESS 241 SADDLEWORTH PL CITY-ST-ZIP CITY-ST-ZIP <u>HEATHROW\_FL\_\_32746</u> ☐ Change ☐ Delete TITLE X Addition NAME CONNIE MARI STREET ADDRESS STREET ADDRESS 257 SADDLEWORTH PL CITY-ST-ZIP CITY-ST-ZIP HEATHROW FL 32746 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

407 804 0967

Daytime Phone #

## #N9600004533

## WESTOVER AT HEATHROW HOMEOWNERS ASSOCIATION, INC OFFICERS AND DIRECTORS

TITLE D ADDITION

SHELLEY PYNN

STREET ADDRESS 269 SADDLEWORTH PL CITY ST ZIP HEATHROW FL 32746