

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004533

1. Entity Name

WESTOVER AT HEATHROW HOMEOWNERS ASSOCIATION, INC

FILED

May 05, 2002 8:00 am
Secretary of State

05-05-2002 90069 021 ****61.25

Principal Place of Business

Mailing Address

2180 W SR 434
STE 5000
LONGWOOD FL 32779
US

2180 W SR 434
STE 5000
LONGWOOD FL 32779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3423254

Applied For

Not Applicable

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 JR, JAMES W
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME PYNN, SHELLEY
STREET ADDRESS 289 SADDLEWORTH PL
CITY-ST-ZIP HEATHROW FL 32746

TITLE D ☐ Change ☒ Addition
NAME ZUPPARDO, DONNA
STREET ADDRESS 290 SADDLEWORTH PL
CITY-ST-ZIP HEATHROW, FL 32746

TITLE PD ☐ Delete
NAME MOSER, SHERRIE
STREET ADDRESS 1530 WESTOVER LOOP
CITY-ST-ZIP HEATHROW FL 32746

TITLE PVTD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☒ Delete
NAME FOUTZ, CHERIE
STREET ADDRESS 1565 WESTOVER LOOP
CITY-ST-ZIP HEATHROW FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHEPARD, MARGARETE
STREET ADDRESS 241 SADDLEWORTH PL
CITY-ST-ZIP HEATHROW FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MARI, CONNIE
STREET ADDRESS 257 SADDLEWORTH PL
CITY-ST-ZIP HEATHROW FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SHARON MOSER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)