

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004533

FILED
Mar 20, 2006
Secretary of State

Entity Name: WESTOVER AT HEATHROW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3423254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOSER, SHERRI
Address: 1530 WESTOVER LOOP
City-St-Zip: HEATHROW, FL 32746

Title: VPD (X) Delete
Name: DELANGE, RICHARD
Address: 1542 WESTOVER LOOP
City-St-Zip: HEATHROW, FL 32746

Title: SD () Delete
Name: HUMMEL, CHRIS
Address: 1578 WESTOVER LOOP
City-St-Zip: HEATHROW, FL 32746

Title: TD () Delete
Name: SHEPHARD, MARGARETE
Address: 241 SADDLEWORTH PL
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: PYNN, SHELLEY
Address: 269 SADDLEWORTH PL
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: MILLER, JUDY
Address: 265 SADDLEWORTH PL
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI MOSER

PD

03/20/2006

Electronic Signature of Signing Officer or Director

Date