

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90216 047 \*\*\*\*61.25

**DOCUMENT # N96000004533**

1. Entity Name

**WESTOVER AT HEATHROW HOMEOWNERS' ASSOCIATION, INC**



Principal Place of Business

2180 W SR 434  
STE 5000  
LONGWOOD FL 32779  
US

Mailing Address

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

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete  
NAME **PYNN, SHELLEY**  
STREET ADDRESS **269 SADDLEWORTH PL**  
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **D** ☐ Change ☒ Addition  
NAME **CHRIS HUMMEL**  
STREET ADDRESS **1578 WESTOVER LOOP**  
CITY-ST-ZIP **HEATHROW FL 32746**

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

TITLE **SP** ☐ Change ☒ Addition  
NAME **JUDY MILLER**  
STREET ADDRESS **245 SADDLEWORTH PLACE**  
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **D** ☒ Delete  
NAME **ZUPPARDO, DONNA**  
STREET ADDRESS **290 SADDLEWORTH PLACE**  
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 **SHARON MOSER** **3/26/03** **407-805 9000**

CR2E037 (10/02)