

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005172

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** WESTOVER RESERVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

7512 DR PHILLIPS BLVD  
#50-275  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7512 DR PHILLIPS BLVD  
#50-275  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 59-3412001      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COSTELLO, JAMES P  
1708 WESTOVER RESERVE BLVD.  
WINDERMERE, FL 34786 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  
Name: COSTELLO, JIM  
Address: 1708 WESTOVER RESERVE BLVD  
City-St-Zip: WINDERMERE, FL 34786

Title: D  
Name: CARPENTER, DEBBIE  
Address: 1707 WESTOVER RESERVE BLVD.  
City-St-Zip: WINDERMERE, FL 34786

Title: SD  
Name: WYATT, PAULA  
Address: 2015 WESTOVER RESERVE BLVD  
City-St-Zip: WINDERMERE, FL 34786

Title: D  
Name: HAYES, RON  
Address: 2033 WESTOVER RESERVE BLVD.  
City-St-Zip: WINDERMERE, FL 34786

Title: T  
Name: KULLICH, KELLIE  
Address: 1714 WESTOVER RESERVE BLVD.  
City-St-Zip: WINDERMERE, FL 34786

I hereby 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 all other like empowered.

SIGNATURE: JAMES P. COSTELLO

PRES

02/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date