

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12246

Entity Name: WESTLINKS HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**9300 WESTLINKS TERR
SEMINOLE, FL 33777**Current Mailing Address:**9300 WESTLINKS TERR
SEMINOLE, FL 33777 US**FEI Number:** 59-2772659**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACKSON, MONA R. TREASURER
9300 WESTLINKS TERR
SEMINOLE, FL 33777 US*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:** MONA R. JACKSON

03/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BUCK, SAMUEL
Address 9300 WESTLINKS TERR
City-State-Zip: SEMINOLE FL 33777

Title VP
Name POPOVICH, MICHAEL
Address 9300 WESTLINKS TERR
City-State-Zip: SEMINOLE FL 33777

Title SECRETARY
Name WARWICK, CAROL
Address 9300 WESTLINKS TERR
City-State-Zip: SEMINOLE FL 33777

Title DIR
Name BUCK, DEIDRA
Address 9300 WESTLINKS TERR
City-State-Zip: SEMINOLE FL 33777

Title DIR
Name KLINE, JUDI
Address 9300 WESTLINKS TERR
City-State-Zip: SEMINOLE FL 33777

Title DIRECTOR
Name LUAN, RYAN
Address 9300 WESTLINKS TERR
City-State-Zip: SEMINOLE FL 33777

Title TREASURER
Name JACKSON, MONA
Address 9300 WESTLINKS TERR
City-State-Zip: SEMINOLE FL 33777

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: MONA R. JACKSON

TREASURER

03/13/2017

Electronic Signature of Signing Officer/Director Detail

Date