

2015 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:**WARWICK, CAROL
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

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

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

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

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

Title	DIRECTOR
Name	FERGUSON, MICHAEL
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: MICHAEL CHADICK

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03/06/2015

Electronic Signature of Signing Officer/Director Detail_____
Date