

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001771

Entity Name: THE HOMEOWNERS ASSOCIATION AT WESTWOOD LAKES, INC.**FILED**
Apr 25, 2019
Secretary of State
1019448311CC**Current Principal Place of Business:**7300 PARK STREET
SEMINOLE, FL 33777**Current Mailing Address:**7300 PARK STREET
SEMINOLE, FL 33777 US**FEI Number: 59-3552548****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WESTERMAN WHITE ZETHROUER ATTORNEYS AT LAW
146 2ND ST N.
SUITE 100
ST. PETERSBURG, FL 33701 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	PRESIDENT
Name	HAZEL, PAM
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777

Title	TREASURER
Name	PILAT, WALTER
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777

Title	VP
Name	GOMES, SHERYL
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777

Title	SECRETARY
Name	JONES BAILES, LINDA
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777

Title	DIRECTOR
Name	JASSOY, ROSEMARY
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777

Title	DIRECTOR
Name	ISBELL, ELIZABETH
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777

Title	DIRECTOR
Name	CURRY, MICHELLE
Address	7300 PARK STREET
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: PAM HAZEL**PRESIDENT****04/25/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date