

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90147 034 ****61.25

0072057

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harrits
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 728108

1. Corporation Name

WESTLAKE VILLAGE CIVIC ASSOCIATION, INC.

Principal Place of Business

810 VILLAGE WAY
 PALM HARBOR FL 34683
 US

Mailing Address

810 VILLAGE WAY
 PALM HARBOR FL 34683
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/26/1973

4. FEI Number
 59-1501227

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

SACKEDIS, JOANNE P
 810 VILLAGE WAY
 PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T DELETE

NAME DERRICK, DAVID
 STREET ADDRESS 20 VILLAGE WAY
 CITY-ST-ZIP PALM HARBOR FL 34683

D DELETE

NAME GORDON, HARRIET
 STREET ADDRESS 833 LAKESIDE TERRACE
 CITY-ST-ZIP PALM HARBOR FL

S DELETE

NAME LAWTON, KIM
 STREET ADDRESS 790 WILD OAK LANE
 CITY-ST-ZIP PALM HARBOR FL 34683

PD DELETE

NAME KAISER, GERALD
 STREET ADDRESS 832 LAKESIDE TERRACE
 CITY-ST-ZIP PALM HARBOR FL

VP DELETE

NAME ABRAHAMS, WILLIAM
 STREET ADDRESS 720 HICKORY LANE
 CITY-ST-ZIP PALM HOARBOR FL

S/D DELETE

NAME JAMES BEMIS
 STREET ADDRESS 775 Maple Ridge Road
 CITY-ST-ZIP Palm Harbor, FL 34683

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME HEATHER MATAYA
 1.3 STREET ADDRESS 811 Village Way
 1.4 CITY-ST-ZIP Palm Harbor, FL 34683

2.1 TITLE Change Addition

2.2 NAME PID
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP 34683

3.1 TITLE Change Addition

3.2 NAME D
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME V/D PETER GILBERT
 4.3 STREET ADDRESS 135 Woodcutter Lane
 4.4 CITY-ST-ZIP Palm Harbor, FL 34683

5.1 TITLE Change Addition

5.2 NAME D Jeff Gray
 5.3 STREET ADDRESS 755 Rolling Hills Drive
 5.4 CITY-ST-ZIP Palm Harbor, FL 34683

6.1 TITLE Change Addition

6.2 NAME D KERRY KARAGAS
 6.3 STREET ADDRESS 812 Village Way
 6.4 CITY-ST-ZIP Palm Harbor, FL 34683

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)