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

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

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
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 HARBOR 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 P/D  
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)