

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 752955 (5)**  
 1. Corporation Name  
**WESTWOOD PLAZA PROPERTY OWNERS' ASSOCIATION, INC**



Principal Place of Business: ~~P.O. BOX 69063~~ ORLANDO FL 32869  
 Mailing Address: P.O. BOX 69063 ORLANDO FL 32869

3. Date Incorporated or Qualified: **06/13/1980**  
 3a. Date of Last Report: **08/07/1995**  
 4. FEI Number: **59-2057212**  
 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**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 P.O. Box 690541**  
 Suite, Apt. #, etc.:  
 City & State: **23 ORLANDO, FL**  
 Zip: **24 32869** Country: **25 ORANGE**  
 2a. Mailing Address: **26 P.O. Box 690541**  
 Suite, Apt. #, etc.:  
 City & State: **27 ORLANDO, FL**  
 Zip: **29 32869** Country: **30 ORANGE**

9. Name and Address of Current Registered Agent: **EDWARDS, TED**  
**255 S ORANGE AVE.**  
**FIRSTSTATE TOWER STE 800**  
**ORLANDO FL 32801**  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <del>PD</del>	<del>STROTT, JOHN</del>	1.1 TITLE: <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PD
NAME: <del>STROTT, JOHN</del>	<del>6750 FORUM DR. #304</del>	1.2 NAME: DANA FENCK	10100 INTERNATIONAL DR.
STREET ADDRESS: <del>6750 FORUM DR. #304</del>	<del>ORLANDO FL 32821</del>	1.3 STREET ADDRESS: DANA FENCK	ORLANDO, FL 32821
CITY-ST-ZIP: <del>ORLANDO FL 32821</del>		1.4 CITY-ST-ZIP: DANA FENCK	ORLANDO, FL 32821
TITLE: <del>VP</del>	<del>GLASHOWER, STEVE</del>	2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP
NAME: <del>GLASHOWER, STEVE</del>	<del>7067 SEA HARBOR DR</del>	2.2 NAME: FRED GESSNER	6363 WESTWOOD BLVD.
STREET ADDRESS: <del>7067 SEA HARBOR DR</del>	<del>ORLANDO FL 32821</del>	2.3 STREET ADDRESS: FRED GESSNER	ORLANDO, FL 32821
CITY-ST-ZIP: <del>ORLANDO FL 32821</del>		2.4 CITY-ST-ZIP: FRED GESSNER	ORLANDO, FL 32821
TITLE: <input type="checkbox"/> DELETE	STD	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: CAIN, FRANK	6435 WESTWOOD BLVD	3.2 NAME:	
STREET ADDRESS: CAIN, FRANK	ORLANDO FL 32821	3.3 STREET ADDRESS:	
CITY-ST-ZIP: CAIN, FRANK		3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	D	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PHELPS, SPENCER	2180 WEST S.R. 434 #6184	4.2 NAME:	
STREET ADDRESS: PHELPS, SPENCER	LONGWOOD FL 32779	4.3 STREET ADDRESS:	
CITY-ST-ZIP: PHELPS, SPENCER		4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D
NAME:		5.2 NAME: RICHARD VAN SLYKE	6017 WESTWOOD BLVD
STREET ADDRESS:		5.3 STREET ADDRESS: RICHARD VAN SLYKE	ORLANDO, FL 32821
CITY-ST-ZIP:		5.4 CITY-ST-ZIP: RICHARD VAN SLYKE	ORLANDO, FL 32821
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Frank Cain* **5/23/96**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)