


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 752955**  
1. Entity Name  
**WESTWOOD PLAZA PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>255 S. ORANGE AVENUE SUITE 800 ORLANDO, FL 32801 US</b>	Mailing Address <b>6148 HUCKELBERRY AVENUE ORLANDO, FL 32819</b>
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03082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2057212</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**EDWARDS, TED  
255 S ORANGE AVE.  
SUITE 800  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHILLIPS, RICHARD 7007 SEA WORLD DRIVE ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAIN, FRANK 6435 WESTWOOD BLVD ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN SLYKE, RICHARD 6817 WESTWOOD BLVD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAGANS, LAURA 6675 WESTWOOD BLVD STE 110 ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000106651  
04/08/04-80024-005 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Cain (FRANK CAIN) **3/29/04 407-351-6600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #