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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 765648 (1)
1. Corporation Name
WESTLAKE MANOR HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 2170 S.R. 434 WEST SUITE 384 LONGWOOD FL 32779 US
Mailing Address: 2170 S.R. 434 WEST SUITE 384 LONGWOOD FL 32779-4990 US

3. Date Incorporated or Qualified: 11/03/1982
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2267749
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 (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent
HERNUQUIST, EDITH
2170 S.R. 434 WEST SUITE 384 LONGWOOD FL 32779

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	P TOWERS, MICHAEL	1.1 TITLE	DIRECTOR
NAME	TOWERS, MICHAEL	1.2 NAME	MICHAEL TOWERS
STREET ADDRESS	1020 WENTWORTH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	
TITLE	VD ORTIZ, TOMAS	2.1 TITLE	PRESIDENT
NAME	ORTIZ, TOMAS	2.2 NAME	DONNA MACKENZIE
STREET ADDRESS	1029 WENTWORTH COURT	2.3 STREET ADDRESS	1433 CRICKETT COURT
CITY-ST-ZIP	LONGWOOD FL 32750	2.4 CITY-ST-ZIP	LONGWOOD FL 32750
TITLE	AD MELTZER, MARVIN	3.1 TITLE	
NAME	MELTZER, MARVIN	3.2 NAME	
STREET ADDRESS	1345 DUNHILL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	3.4 CITY-ST-ZIP	
TITLE	D BOBLE, MARTY	4.1 TITLE	VICE PRESIDENT
NAME	BOBLE, MARTY	4.2 NAME	BRAD LONG
STREET ADDRESS	1377 LANDRY	4.3 STREET ADDRESS	1341 CRICKETT COURT
CITY-ST-ZIP	LONGWOOD FL 32750	4.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	SD WENZEL, NANCY	5.1 TITLE	SECRETARY
NAME	WENZEL, NANCY	5.2 NAME	MAUREEN GROSSMAN
STREET ADDRESS	1334 DUNHILL DRIVE	5.3 STREET ADDRESS	1385 LANDRY CIRCLE
CITY-ST-ZIP	LONGWOOD FL 32750	5.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	D CASTO, SYZANNE	6.1 TITLE	DIRECTOR
NAME	CASTO, SYZANNE	6.2 NAME	DAVID GUNTER
STREET ADDRESS	1076 CRUMPET COURT, 1076	6.3 STREET ADDRESS	1068 CHELTENHAM CT
CITY-ST-ZIP	LONGWOOD FL 32750	6.4 CITY-ST-ZIP	LONGWOOD, FL 32750

14. I do 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.

SIGNATURE: _____ Date: 3/17/97 Daytime Phone: (407) 862-2250

CR2E037 (9/96)