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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) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (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 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	P TOWERS, MICHAEL	<input type="checkbox"/> DELETE	1.1 TITLE DIRECTOR
STREET ADDRESS	1020 WENTWORTH COURT		1.2 NAME MICHAEL TOWERS
CITY-ST-ZIP	LONGWOOD FL 32750		1.3 STREET ADDRESS
TITLE	VD ORTIZ, TOMAS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PRESIDENT
STREET ADDRESS	1029 WENTWORTH COURT		2.2 NAME DONNA MACKENZIE
CITY-ST-ZIP	LONGWOOD FL 32750		2.3 STREET ADDRESS 1433 CRICKETT COURT
TITLE	DD MELTZER, MARVIN	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP LONGWOOD FL 32750
STREET ADDRESS	1345 DUNHILL DR		3.1 TITLE
CITY-ST-ZIP	LONGWOOD FL 32750		3.2 NAME
TITLE	D BOBLE, MARTY	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS
STREET ADDRESS	1377 LANDRY		3.4 CITY-ST-ZIP
CITY-ST-ZIP	LONGWOOD FL 32750		4.1 TITLE VICE PRESIDENT
TITLE	SD WENZEL, NANCY	<input checked="" type="checkbox"/> DELETE	4.2 NAME BRAD LONG
STREET ADDRESS	1334 DUNHILL DRIVE		4.3 STREET ADDRESS 1341 CRICKETT COURT
CITY-ST-ZIP	LONGWOOD FL 32750		4.4 CITY-ST-ZIP LONGWOOD, FL 32750
TITLE	D CASTO, SYZANNE	<input type="checkbox"/> DELETE	5.1 TITLE SECRETARY/TREAS.
STREET ADDRESS	1076 CRUMPET COURT, 1076		5.2 NAME MAUREEN GROSSMAN
CITY-ST-ZIP	LONGWOOD FL 32750		5.3 STREET ADDRESS 1385 LANDRY CIRCLE
TITLE			5.4 CITY-ST-ZIP LONGWOOD, FL 32750
STREET ADDRESS			6.1 TITLE DIRECTOR
CITY-ST-ZIP			6.2 NAME DAVID GUNTER
			6.3 STREET ADDRESS 1068 CHELTENHAM CT
			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 (407) 862-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0012287

CR2E037 (9/96)