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Mar 22, 1999 8:00 am
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03-22-1999 90118 030 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 765648

1. Corporation Name

WESTLAKE MANOR HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

190 NORTH WESTMONTE DRIVE #100
 ALTAMONTE SPRINGS FL 32714
 US

Mailing Address

190 NORTH WESTMONTE DRIVE #100
 ALTAMONTE SPRINGS FL 32714
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/03/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2267749	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		25		29	
Country		Country		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CAMPBELL, MARILYN
~~2170 S.R. 434 WEST~~
~~SUITE 304~~
~~LONGWOOD FL 32779~~

10. Name and Address of New Registered Agent

81	Name
82	190 N WESTMONTE DR STE 100
83	ALTAMONTE SPRINGS FL 32714
84	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWERS, MICHEAL	1.2 NAME	
STREET ADDRESS	1020 WENTWORTH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKENZIE, DONNA	2.2 NAME	
STREET ADDRESS	1433 CRICKETT COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELTZER, MARVIN	3.2 NAME	
STREET ADDRESS	1345 DUNHILL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, BRUCE	4.2 NAME	
STREET ADDRESS	1442 CRICKET CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, MAUREEN	5.2 NAME	
STREET ADDRESS	1385 LANDRY CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, BRIAN	6.2 NAME	
STREET ADDRESS	1076 CRUMPET CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	6.4 CITY-ST-ZIP	

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]* DATE: 3/16/99 DAYTIME PHONE #: 862-2250

CR2E037 (1/98)