


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90455 047 \*\*\*\*61.25

**DOCUMENT # 765648**

1. Entity Name  
**WESTLAKE MANOR HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**PRESIDENTIAL GROUP SOUTH  
 135 W PINEVIEW ST.  
 ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address  
**PRESIDENTIAL GROUP SOUTH  
 135 W PINEVIEW ST.  
 ALTAMONTE SPRINGS, FL 32714 US**

**50015428**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04132006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
**59-2267749**

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PRESIDENTIAL GROUP SOUTH, INC.  
 135 W. PINEVIEW ST.  
 ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

Filing Fee is **\$81.25** Due by **May 1, 2006**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	WATSON, GWEN	
STREET ADDRESS	1378 DUNHILL DR	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	QUEEN, SUSAN	
STREET ADDRESS	1348 LANDEY CR	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RANCE, PATRICK	
STREET ADDRESS	1366 DUNHILL DR	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GATES, JOHN	
STREET ADDRESS	1081 TROWBRIDGE CT	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BICKEL, ROBERT	
STREET ADDRESS	1401 CRICKET CT	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNIE JONES	
STREET ADDRESS	1429 CRICKET CT.	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gwen J. Watson, Pres. Date: 4/13/06 Daytime Phone #: 407-263-7113