

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N16870 (0)**
1. Corporation Name
WESTWOOD LAKES PROPERTY OWNERS' ASSOCIATION, INC



Principal Place of Business Mailing Address
7575 DR. PHILLIPS BLVD. STE. ~~305~~ **365** ORLANDO FL 32819 US
7575 DR. PHILLIPS BLVD. STE. ~~305~~ **365** ORLANDO FL 32819 US

2. Principal Place of Business 2a. Mailing Address
21 26
22 Suite Apt. #, etc. **365** 27 Suite Apt. #, etc. **365**
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **09/18/1986** 3a. Date of Last Report **03/09/1995**
4. FEI Number **59-2776361** 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

9. Name and Address of Current Registered Agent
**EDWARD A NEAL
7575 DR. PHILLIPS BLVD.
STE. #365
ORLANDO FL 32819**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **SUITE 365**
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORRIS, MEL D.	
STREET ADDRESS	7676 DR. PHILLIPS BLVD. #305	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, JAMES	
STREET ADDRESS	7006 STAPOINT COURT STE J	
CITY - ST - ZIP	WINTER PARK FL 32792	
TITLE	VSD Pres.	<input type="checkbox"/> DELETE
NAME	NEAL, EDWARD A.	
STREET ADDRESS	7575 DR. PHILLIPS STE. #305	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	SUITE 365
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	DIRECTOR MORAN, THOMAS L
43 STREET ADDRESS	5621 MASTERS BLVD.
44 CITY - ST - ZIP	ORLANDO, FLA.
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Edward A. Neal VICE PRESIDENT EDWARD A. NEAL 2/26/96 (407) 345-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)