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FILED
Jul 28 1997 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1997 UPDATE

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

DOCUMENT # **N16870**
1. Corporation Name
WESTWOOD LAKE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
7600 DR. PHILLIPS BLVD SUITE 64 ORLANDO, FLA. 32819 SAME

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

3. Date Incorporated or Qualified **9/18/86** 3a. Date of Last Report **11/27/97**
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

10. Name and Address of New Registered Agent
81 Name **EDWARD A. NEAL**
82 Street Address (P.O. Box Number is Not Acceptable) **7600 DR. PHILLIPS BLVD**
83 **SUITE 64**
84 City **ORLANDO** FL 85 Zip Code **32819**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Edward A. Neal* **EDWARD A. NEAL VICE PRESIDENT** DATE **7/23/97**
Signature: Type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when consulting.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORAN, THOMAS L	
STREET ADDRESS	5621 MASTERS BLVD.	
CITY- ST- ZIP	ORL. FLA.	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, JAMES	
STREET ADDRESS	7006 STA POINT COURT STE J	
CITY- ST- ZIP	WINTER PARK FL. 32792	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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	DIR., PREC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	JOHN J. KANE	
13 STREET ADDRESS	115 SOUTH LA SALLE ST.	
14 CITY- ST- ZIP	CHICAGO, ILLINOIS 60603	
21 TITLE	DIA.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	EDWARD A. BURKE	
23 STREET ADDRESS	115 SOUTH LA SALLE ST	
24 CITY- ST- ZIP	CHICAGO, ILLINOIS 60603	
31 TITLE	DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	MARK F. SPENCER	
33 STREET ADDRESS	115 SOUTH LA SALLE ST.	
34 CITY- ST- ZIP	CHICAGO, ILLINOIS 60603	
41 TITLE	VP, SEC., TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	EDWARD A. NEAL	
43 STREET ADDRESS	7600 DR. PHILLIPS BLVD STE 64	
44 CITY- ST- ZIP	ORLANDO, FLA. 32819	
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		

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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 607, 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* DATE: **7/23/97** 407 345-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)