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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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

Principal Place of Business: 7600 DR. PHILLIPS BLVD., SUITE 64, ORLANDO FL 32819 US
Mailing Address: 7600 DR. PHILLIPS BLVD., SUITE 64, ORLANDO FL 32819 US



21	2. Principal Place of Business 7512 DR. PHILLIPS BLVD. Suite, Apt. #, etc. Suite 50-513 City & State Zip	2a. Mailing Address 7512 DR. PHILLIPS BLVD. Suite, Apt. #, etc. Suite 50-513 City & State Zip	3. Date Incorporated or Qualified 09/18/1986	4. FEI Number 59-2776361	Applied For Not Applicable
22				5. Certificate of Status Desired	\$8.75 Additional Fee Required
23				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30		

9. Name and Address of Current Registered Agent
NEAL, EDWARD A
7600 DR. PHILLIPS BLVD.
STE 64
ORLANDO FL 32819

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
7512 DR. PHILLIPS STE 50-513
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 _____ 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	DP	<input type="checkbox"/> DELETE
NAME	KANE, JOHN J	
STREET ADDRESS	115 SOUTH LASALLE ST.	
CITY-ST-ZIP	CHICAGO IL 60603	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, EDWARD A	
STREET ADDRESS	115 SOUTH LASALLE ST.	
CITY-ST-ZIP	CHICAGO IL 60603	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPENCER, MARK F	
STREET ADDRESS	115 SOUTH LASALLE ST.	
CITY-ST-ZIP	CHICAGO IL 60603	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	NEAL, EDWARD A	
STREET ADDRESS	7600 DR. PHILLIPS BLVD., SUITE 64	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	7512 DR. PHILLIPS BLVD
4.4 CITY-ST-ZIP	Suite 50-513
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 REQUIRED DATE: 1/14/99 DAYTIME PHONE #: 407-876-5987
EDWARD A. NEAL, VICE PRESIDENT

CR2E037 (1/98)