

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90087 026 \*\*\*\*61.25

**DOCUMENT # N16870**

1. Entity Name

**WESTWOOD LAKES PROPERTY OWNERS' ASSOCIATION, INC**

Principal Place of Business

Mailing Address

7512 DR PHILLIPS BLVD  
 STE 50-513  
 ORLANDO FL 32819  
 US

7512 DR PHILLIPS BLVD  
 STE 50-513  
 ORLANDO FL 32819-5131  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2776361**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEAL, EDWARD A**  
**7512 DR PHILLIPS BLVD**  
**STE 50-513**  
**ORLANDO FL 32819**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KANE, JOHN J 115 SOUTH LASALLE ST. CHICAGO IL 60603	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, EDWARD A 115 SOUTH LASALLE ST. CHICAGO IL 60603	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, MARK F 115 SOUTH LASALLE ST. CHICAGO IL 60603	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST NEAL, EDWARD A 7512 DR PHILLIPS BLVD ORLANDO FL 32819	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> De'te

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *SIGNATURE REQUIRED* **EDWARD A. NEAL** 2/20/2000 **876-5987**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)