

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N16870</b>					
1. Entity Name <b>WESTWOOD LAKES PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>7512 DR PHILLIPS BLVD STE 50-513 ORLANDO FL 32819 US</b>			Mailing Address <b>7512 DR PHILLIPS BLVD STE 50-513 ORLANDO FL 32819 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		 MOORE CR2E037 (11/03)	
Zip		Country		4. FEI Number <b>59-2776361</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NEAL, EDWARD A 7512 DR PHILLIPS BLVD STE 50-513 ORLANDO FL 32819</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____					
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KANE, JOHN J</b>		NAME		
STREET ADDRESS	<b>115 SOUTH LASALLE ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHICAGO IL 60603</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BURNS, EDWARD A</b>		NAME		
STREET ADDRESS	<b>115 SOUTH LASALLE ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHICAGO IL 60603</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SPENCER, MARK F</b>		NAME		
STREET ADDRESS	<b>115 SOUTH LASALLE ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHICAGO IL 60603</b>		CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NEAL, EDWARD A</b>		NAME		
STREET ADDRESS	<b>7512 DR PHILLIPS BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *John J Kane* **JOHN J. KANE, PRESIDENT** 1/28/2004 312-461-7900