

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 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	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>NEAL, EDWARD A 7512 DR PHILLIPS BLVD STE 50-513 ORLANDO FL 32819</b>		7. Name and Address of New Registered Agent	
		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.			



1st MOORE CR2E037 (10/04)

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP KANE, JOHN J <input type="checkbox"/> Delete	TITLE	U00000263199 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	115 SOUTH LASALLE ST.	NAME	03/14/05-80086-003 61.25
STREET ADDRESS	CHICAGO IL 60603	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, EDWARD A	NAME	
STREET ADDRESS	115 SOUTH LASALLE ST.	STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL 60603	CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, MARK F	NAME	
STREET ADDRESS	115 SOUTH LASALLE ST.	STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL 60603	CITY- ST- ZIP	
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, EDWARD A	NAME	
STREET ADDRESS	7512 DR PHILLIPS BLVD	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32819	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)(l), 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** 3/17/05 407-234-5476