

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 91422 009 \*\*\*150.00

**DOCUMENT # N97000004866**

1. Entity Name

**WESTGATE HOMEOWNER'S ASSOCIATION OF LAKE COUNTY,**

Principal Place of Business

Mailing Address

**2500 S BAY STREET  
 EUSTIS FL 32726**

**2500 S BAY STREET  
 EUSTIS FL 32726-6365**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3520026**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TYRE, DIANE  
 2500 S BAY STREET  
 EUSTIS FL 32726**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>TYRE, DIANE</b>	
STREET ADDRESS	<b>2500 S BAY STREET</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>DOUGHERTY, FRANCESCA S</b>	
STREET ADDRESS	<b>2500 S BAY STREET</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILKINS, WILLIAM J</b>	
STREET ADDRESS	<b>2500 S BAY STREET</b>	
CITY-ST-ZIP	<b>EUSTIS FL 32726</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** NO SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000  
 Date

352-357-4100  
 Daytime Phone #

CR2E037 (9/99)