

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91305 030 ****61.25

DOCUMENT # N97000004866

1. Entity Name

WESTGATE HOMEOWNER'S ASSOCIATION OF LAKE COUNTY,

Principal Place of Business

**2500 S BAY STREET
 EUSTIS FL 32726**

Mailing Address

**2500 S BAY STREET
 EUSTIS FL 32726**

657871



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**225 S. Westmonte
 Suite, Apt. #, etc
 #2050**

3. Mailing Address

**PO Box 161606
 Suite, Apt. #, etc.**

City & State

Altamonte Springs

City & State

Altamonte Springs

4. FEI Number

59-3520026

Applied For

Not Applicable

Zip **32714** Country **USA**

Country **USA**

Zip **32716** Country **USA**

Country **USA**

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Margo Pfauiser**
 Street Address (P.O. Box Number is Not Acceptable)
225 S. Westmonte Dr #2050
 City **Altamonte Springs** FL Zip Code **32714**

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

Margo Pfauiser

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-9-01

**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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	George H. Billings Jr		
STREET ADDRESS	2061 Judith Pl		
CITY-ST-ZIP	Longwood, FL 32759		
TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	James J. Buble		
STREET ADDRESS	1342 N. Marcy Dr		
CITY-ST-ZIP	Longwood FL 32750		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Dwight Van Bibber		
STREET ADDRESS	11802 Lizard Lane		
CITY-ST-ZIP	Umatilla, FL 32784		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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:

Margo Pfauiser

51-1-01 407 682-3443

CR2E037 (10/00)