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Secretary of State

04-19-1999 90085 004 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N98000003855		
1. Corporation Name WEST LAKE UNIT I PROPERTY OWNERS ASSOCIATION, INC.		
Principal Place of Business 912 NORTH HIGHLAND AVENUE ORLANDO FL 32803		Mailing Address 912 NORTH HIGHLAND AVENUE ORLANDO FL 32803



2. Principal Place of Business 21 ATTWOOD-PHILLIPS, INC Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 1208 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/01/1998	
22 1350 ORANGE AVE. #100 City & State		27 WINTER PARK, FL City & State		4. FEI Number 59-3523246	
23 WINTER PARK, FL Zip		28 32790-1208 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 32789		29		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent MARTIN, ANTHONY C 912 NORTH HIGHLAND AVENUE ORLANDO FL 32803		10. Name and Address of New Registered Agent 81 Name ROGER PHILLIPS 82 Street Address (P.O. Box Number is Not Acceptable) 1350 ORANGE AVENUE #100 83 84 City WINTER PARK	
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.		85 Zip Code 32789	
SIGNATURE <i>R. V. Phillips</i>		DATE <i>4/6/99</i>	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME RICH, A. WAYNE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 912 NORTH HIGHLAND AVENUE	CITY-ST-ZIP ORLANDO FL 32803	1.2 NAME	
TITLE D	NAME EDWARDS, JUDITH A	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 912 NORTH HIGHLAND AVENUE	CITY-ST-ZIP ORLANDO FL 32803	1.4 CITY-ST-ZIP	
TITLE D	NAME MANNA, FRANK T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 120 COLUMBIA TURNPIKE	CITY-ST-ZIP FLORHAM PARK NJ 07932	2.2 NAME	
TITLE D	NAME MANNA, FRANK T	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 120 COLUMBIA TURNPIKE	CITY-ST-ZIP FLORHAM PARK NJ 07932	2.4 CITY-ST-ZIP	
TITLE D	NAME MANNA, FRANK T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 120 COLUMBIA TURNPIKE	CITY-ST-ZIP FLORHAM PARK NJ 07932	3.2 NAME	
TITLE D	NAME MANNA, FRANK T	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 120 COLUMBIA TURNPIKE	CITY-ST-ZIP FLORHAM PARK NJ 07932	3.4 CITY-ST-ZIP	
TITLE D	NAME MANNA, FRANK T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 120 COLUMBIA TURNPIKE	CITY-ST-ZIP FLORHAM PARK NJ 07932	4.2 NAME	
TITLE D	NAME MANNA, FRANK T	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 120 COLUMBIA TURNPIKE	CITY-ST-ZIP FLORHAM PARK NJ 07932	4.4 CITY-ST-ZIP	
TITLE D	NAME MANNA, FRANK T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 120 COLUMBIA TURNPIKE	CITY-ST-ZIP FLORHAM PARK NJ 07932	5.2 NAME	
TITLE D	NAME MANNA, FRANK T	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 120 COLUMBIA TURNPIKE	CITY-ST-ZIP FLORHAM PARK NJ 07932	5.4 CITY-ST-ZIP	
TITLE D	NAME MANNA, FRANK T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 120 COLUMBIA TURNPIKE	CITY-ST-ZIP FLORHAM PARK NJ 07932	6.2 NAME	
TITLE D	NAME MANNA, FRANK T	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 120 COLUMBIA TURNPIKE	CITY-ST-ZIP FLORHAM PARK NJ 07932	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99 *407-649-4205*

CR2E037 (11/98)