

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90056 039 \*\*\*\*\*61.25

**DOCUMENT # N98000003855**

1. Entity Name

**WEST LAKE UNIT I PROPERTY OWNERS ASSOCIATION, IN**

Principal Place of Business

Mailing Address

**ATTWOOD PHILLIS INC  
 1350 ORANGE AVE #100  
 WINTER PK FL 32789**

**PO BOX 1208  
 WINTER PARK FL 32790-1208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3523246**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, ROGER  
 1350 ORANGE AVE #100  
 WINTER PK FL 32789**

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 **D** ☒ Delete  
 NAME **RICH, A. WAYNE**  
 STREET ADDRESS **912 NORTH HIGHLAND AVENUE**  
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **DP** ☐ Change ☒ Addition  
 NAME **KEN HOWDER**  
 STREET ADDRESS **6817 WESTLAKE Blvd**  
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **D** ☒ Delete  
 NAME **EDWARDS, JUDITH A**  
 STREET ADDRESS **912 NORTH HIGHLAND AVENUE**  
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **DV** ☐ Change ☒ Addition  
 NAME **RAY OWENS**  
 STREET ADDRESS **6724 WESTLAKE Blvd**  
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **D** ☒ Delete  
 NAME **MANNA, FRANK T**  
 STREET ADDRESS **120 COLUMBIA TURNPIKE**  
 CITY-ST-ZIP **FLORHAM PARK NJ 07932**

TITLE **DT** ☐ Change ☒ Addition  
 NAME **Angie Powers**  
 STREET ADDRESS **6420 Pomeroy Circle**  
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS** ☐ Change ☒ Addition  
 NAME **TONY Babbs**  
 STREET ADDRESS **6303 Picketon St**  
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
 NAME **RON LUTCHMAN**  
 STREET ADDRESS **6717 WESTLAKE Blvd**  
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)