

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90033 021 \*\*\*\*61.25

**DOCUMENT # N98000003855**

1. Entity Name  
**WEST LAKE UNIT I PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**ATTWOOD PHILLIS INC  
1350 ORANGE AVE #100  
WINTER PK, FL 32789**

Mailing Address  
**1350 OANGE AVE.  
STE. 100  
WINTER PARK, FL 32789**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-3523246**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HARRIS, MICHAEL  
STREET ADDRESS 6558 POMEROY CIR.  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE VPD ☐ Delete  
NAME RODRIGUEZ, EILEEN  
STREET ADDRESS 6745 POMEROY CIR.  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE STD ☒ Delete  
NAME MEGUIRE, NIKKI  
STREET ADDRESS 6854 POMEROY CT  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE D ☒ Delete  
NAME WALKER, DIRICK  
STREET ADDRESS 6608 POMEROY CIR  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME CLEMENT, IRLENE  
STREET ADDRESS 6325 BOYER ST  
CITY-ST-ZIP ORLANDO FL 32810

TITLE D ☐ Change ☒ Addition  
NAME JOHNS, LEOLA  
STREET ADDRESS 6761 POMEROY CIR  
CITY-ST-ZIP ORLANDO FL 32810

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 exemptions contained in Chapter 119, 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:

*Michael E Harris* Michael E HARRIS

3-9-06

407-484-6621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #