

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90217 007 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000003855					
1. Entity Name WEST LAKE UNIT I PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O ATTWOOD-PHILLIPS INC 1350 ORANGE AVE STE 100 WINTER PARK, FL 32789-4932			Mailing Address C/O ATTWOOD-PHILLIPS INC 1350 ORANGE AVE STE 100 WINTER PARK, FL 32789-4932		
2. Principal Place of Business - No P.O. Box #			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 GASPERONI & FLETCHER 158 S CHARLES RICHARD BEALL BLVD STE 2 DEBARY, FL 32713			7. Name and Address of New Registered Agent		
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, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	DST	☐ Delete	TITLE	DVP	☒ Change ☐ Addition
NAME	JOHNS, LEOLA		NAME		
STREET ADDRESS	6761 POMEROY CIR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, EILEEN		NAME		
STREET ADDRESS	6745 POMEROY CIR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	DST	☐ Change ☒ Addition
NAME			NAME	Tameka Spradley	
STREET ADDRESS			STREET ADDRESS	6764 Westlake Blvd	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	Jennifer Dennis	
STREET ADDRESS			STREET ADDRESS	6303 Picketon St.	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	Lorna Leslie	
STREET ADDRESS			STREET ADDRESS	6738 LORAIN St	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Celine Rodriguez</u> 4/23/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					