

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **742322** (1)  
1. Corporation Name

**WESTLAKE ESTATES OWNERS ASSOCIATION, INC.**



Principal Place of Business: **5409 CREEPING HAMMOCK DR. SARASOTA 34231**  
Mailing Address: **5409 CREEPING HAMMOCK DR. SARASOTA 34231**

3. Date Incorporated or Qualified: **04/10/1978**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2160389** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**STUCKENS, JOSEPH  
5417 CREEPING HAMMOCK DRIVE  
SARASOTA FL 34231**

10. Name and Address of New Registered Agent  
81 Name: **DRIGGERS, Kimberly**  
82 Street Address (P.O. Box Number is Not Acceptable): **5406 CREEPING HAMMOCK DR.**  
83  
84 City: **SARASOTA** FL 85 Zip Code: **34231**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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.

SIGNATURE: **Kimberly Driggers, President** *Kimberly Driggers* DATE: **4-15-96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE: <b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>ZAVA, FRED</b>	
STREET ADDRESS: <b>5335 FOX RUN WAY</b>	
CITY-ST-ZIP: <b>SARASOTA FL</b>	
TITLE: <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>STUCKENS, JOSEPH</b>	
STREET ADDRESS: <b>5417 CREEPING HAMMOCK DRIVE</b>	
CITY-ST-ZIP: <b>SARASOTA FL 34231</b>	
TITLE: <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>CAMERON, GRACE</b>	
STREET ADDRESS: <b>5437 CREEPING HAMMOCK DRIVE</b>	
CITY-ST-ZIP: <b>SARASOTA FL 34231</b>	
TITLE: <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>DRIGGERS, KIMBERLY</b>	
STREET ADDRESS: <b>5406 CREEPING HAMMOCK DR.</b>	
CITY-ST-ZIP: <b>SARASOTA FL 34231</b>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME: <b>STUCKENS, SYLVE</b>	
STREET ADDRESS: <b>5417 CREEPING HAMMOCK DR</b>	
CITY-ST-ZIP: <b>SARASOTA FL 34231</b>	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: <b>STROTHMANN, MARGARET</b>	
1.3 STREET ADDRESS: <b>5401 CREEPING HAMMOCK DR.</b>	
1.4 CITY-ST-ZIP: <b>SARASOTA FL 34231</b>	
2.1 TITLE: <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: <b>DRIGGERS, Kimberly</b>	
2.3 STREET ADDRESS: <b>5406 CREEPING HAMMOCK DR.</b>	
2.4 CITY-ST-ZIP: <b>SARASOTA FL 34231</b>	
3.1 TITLE: <b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE: <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: <b>WARNELO, LORI</b>	
4.3 STREET ADDRESS: <b>5331 FOX RUN WAY</b>	
4.4 CITY-ST-ZIP: <b>SARASOTA FL 34231</b>	
5.1 TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: <b>TORMAN, KAYNE</b>	
5.3 STREET ADDRESS: <b>5475 CREEPING HAMMOCK DR.</b>	
5.4 CITY-ST-ZIP: <b>SARASOTA FL 34231</b>	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Kimberly Driggers* **Kimberly Driggers** DATE: **4-15-96** DAYTIME PHONE #: **941-924-4678**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)