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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34231-7313

3. Date Incorporated or Qualified: 04/10/1978
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields. 4. FEI Number: 59-2160389. 5. Certificate of Status Desired: \$8.75 Additional Fee Required. 6. Election Campaign Financing: \$5.00 May Be Added to Fees. 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [], No [X].

9. Name and Address of Current Registered Agent: DRIGGERS, KIMBERLY, 5406 CREEPING HAMMOCK DRIVE, SARASOTA FL 34231. 10. Name and Address of New Registered Agent (81-85) fields.

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, Kimberly Driggers, DATE: 3-10-97

12. OFFICERS AND DIRECTORS (VPD, PD, TD, SD, D) and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1.1-6.4) fields.

14. I do 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.
SIGNATURE: Kimberly Driggers - Kimberly DRIGGERS P.O. 3-10-97 941-924-4678

CR2E037 (9/96)