

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742322

1. Entity Name

WESTLAKE ESTATES OWNERS ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90240 028 ****61.25

Principal Place of Business

Mailing Address

5409 CREEPING HAMMOCK DR.
 SARASOTA 34231

5409 CREEPING HAMMOCK DR.
 SARASOTA 34231-7313

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

59-2160389

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, JULIE
 5423 CREEPING HAMMOCK DR
 SARASOTA FL 34231

Name **CAMERON, GRACE**
 Street Address (P.O. Box Number is Not Acceptable)
5437 CREEPING HAMMOCK DR
 City **SARASOTA** FL Zip Code **34231**

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 **GRACE V CAMERON**

Grace V Cameron

4/27/2000

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	PD	<input type="checkbox"/> Delete
NAME	RUGGLES, LEONORE	
STREET ADDRESS	5441 CREEPING HAMMOCK DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	AMON, DEBRA	
STREET ADDRESS	5445 CREEPING HAMMOCK DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAMERON, GRACE	
STREET ADDRESS	5437 CREEPING HAMMOCK DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	KING, SUSAN	
STREET ADDRESS	5413 CREEPING HAMMOCK DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JULIE	
STREET ADDRESS	5423 CREEPING HAMMOCK DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAIL, HOWARD	
STREET ADDRESS	5430 CREEPING HAMMOCK WAY	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, SUSAN	
STREET ADDRESS	5413 CREEPING HAMMOCK DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **GRACE V CAMERON**

4/27/2000

941-922-7906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)