

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742322

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** WESTLAKE ESTATES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5409 CREEPING HAMMOCK DR.  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

5409 CREEPING HAMMOCK DR.  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:** 59-2160389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WITTER, THOMAS L  
5360 FOX RUN ROAD  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEVARGAS, KIM BLAIR  
Address: 5321 FOX RUN WAY  
City-St-Zip: SARASOTA, FL 34231

Title: VD ( ) Delete  
Name: GOLK, MICHAEL  
Address: 5340 FOX RON RD.  
City-St-Zip: SARASOTA, FL 34231

Title: TD ( ) Delete  
Name: WITTER, THOMAS L  
Address: 5360 FOX RUN ROAD  
City-St-Zip: SARASOTA, FL 34231

Title: SD ( ) Delete  
Name: CROCKETT, MARY BETH  
Address: 5300 FOX RUN ROAD  
City-St-Zip: SARASOTA, FL 34231

Title: D (X) Delete  
Name: KING, ROGER  
Address: 5413 CREEPING HAMMOCK DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: D (X) Delete  
Name: TARPLEY, WILLIAM  
Address: 5460 CREEPING HAMMOCK CIRCLE  
City-St-Zip: SARASOTA, FL 34231

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: TARPLEY, WILLIAM  
Address: 5460 CREEPING HAMMOCK CIRCLE  
City-St-Zip: SARASOTA, FL 34231

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L WITTER

TD

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date