

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742322

FILED
May 11, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: TARPLEY, WILLIAM
Address: 5460 CREEPING HAMMOCK CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: VD () Delete
Name: RUGGLES, LEONORE
Address: 5441 CREEPING HAMMOCK DR
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: ALBREU, BETSY
Address: 5426 CREEPING HAMMOCK DR
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

05/11/2009

Electronic Signature of Signing Officer or Director

_____ Date