

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747483

1. Entity Name

TOWNHOMES OF WESTLAKE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER FL 33765

Mailing Address

2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER FL 33765

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A  
2189 CLEVELAND STREET  
SUITE 225  
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

TITLE STD ☐ Delete  
NAME SOPKO, CAROLYN  
STREET ADDRESS 450 LAKEVIEW DR. #9  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D ☐ Delete  
NAME KLOOT, DAVID  
STREET ADDRESS 480 LAKEVIEW DRIVE #51  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE PD ☒ Delete  
NAME YANDEK, STEPHEN  
STREET ADDRESS 498 LAKEVIEW DRIVE #46  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE VPD ☐ Delete  
NAME MORENO, HENRY  
STREET ADDRESS 474 LAKEVIEW DR., #28  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE D ☐ Delete  
NAME PANAGAKOS, BESSIE  
STREET ADDRESS 486 LAKEVIEW DRIVE #58  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition  
NAME Flo Goldberg  
STREET ADDRESS 468 Lakeview Drive #23  
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE PD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: CAROLYN D. SOPKO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 09, 2002 727-789-4789  
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)