1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 749252**

THE WESTLAKE ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business 333 17TH STREET SUITE 2-R

Mailing Address 333 17TH STREET SUITE 2-R

VERO BEACH FL 32960

2. Principal Place of Business

VERO BEACH FL 32960

2a. Mailing Address

## FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90155 018 \*\*\*\*61.25

3. Date Incorporated or Qualifed

10/09/1979

Suite, Apt. #, etc.		Suite, Ar	Suite, Apt. #, etc.			4. FEI Number				Appl	ied For
2		27	27			1	<b>65-</b> 0254351			Not /	Applicable
City & State	<del></del>		City & State				E O difference of Challes Desire	d 🗆	\$8.	<b>75</b> Ad	ditional
23		28					5. Certificate of Status Desired	u D	Fe	e Req	uired
Zip	Country	Zip		Country			6. Election Campaign Financi	ing	\$5	.00 M	ay Be
24	25	29	30			-	Trust Fund Contribution	LJ	Ad	ded to	Fees
		ss of Current Registered Age	ent				10. Name and Address of Ne	w Registered	l Agent		
			<u></u>	81	Name						
REXFORD, SARA					Street Ad	Idross	(P.O. Box Number is Not Acc	entable)			
333 17TH STREET					Street Au	101622	(F.O. BOX NUMBER IS NOT ACC	chianic)			
SUITE 2-R											
*****									11		
VERO BEACH FL 32960					City			FI	85	Zip Co	de
11 Dureuppt	to the provisions of Sact	ions 617 0502 and 617 1508	Florida Statutes II	ne above	-named co	rpora	tion submits this statement for	the purpose of	f changir	ng its re	gistered
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		1.00.76	(MOTE: Flacility	tered Acces	const roc.	inad uda	en reinstating)	DATE			i
12.		of registered agent and title if applicable. FFICERS AND DIRECTORS		13.	alginotti e requ		ADDITIONS/CHANGES TO		ND DIRE	CTOR	S IN 12
TITLE	PD		DELETE	1.1 TITLE					Cha		Addition
NAME	FLETCHER, TED			1.2 NAME							
	7423 S. 16TH MANO	מר	1	1.3 STREET	ADDOESS						
STREET ADORESS											
CITY-ST-ZIP	VERO BEACH FL 32			1.4 CITY-ST 2.1 TITLE	- ZIP				[ ] Chi	ange	Addition
TITLE		'									
NAME	WRIGHT, MICHAEL	ND.		2.2 NAME							
STREET ADDRESS	7411 S. 16TH MANC			2.3 STREET							ļ
CITY-ST-ZIP	VERO BEACH FL 32			2. 4 CITY-S	r-ZIP				[ ] Cha		Addition
TITLE	SD	•		3.1 TITLE					ه ي	90	
NAME	MISHLER, JANICE	••		3.2 NAME							
STREET ADDRESS	7463 N. 16TH MANO	=		3.3 STREET							
CITY-ST-ZIP	VERO BEACH FL 32			3.4. CITY-S	T-ZIP				Ch	2000	Addition
TITLE	TD	ĺ		4.1 TITLE					[1]	unge	
NAME	DIAZ, MICHAEL			4. 2 NAME							
STREET ADDRESS	7481 16TH MANOR			4.3 STREET	ADDRESS						
CITY-ST-ZIP	VERO BEACH FL 32			4.4 CITY-ST	- ZIP						- Addition
πτιε	l	l		5.1 TITLE					☐ Ch	ange	Addition
NAME	· ·			5.2 NAME							Ì
STREET ADDRESS				5.3 STREET							
CITY-ST-ZIP				5.4 CITY-ST	-ZIP						
TITLE			_ OULL!L	6.1 TITLE					Ch	ange	☐ Addition
NAME				6.2 NAME	-						İ
STREET ADDRESS				6.3 STREET	ADDRESS						
CITY-ST-ZIP			11.	6.4 CITY-\$1							
44		tidivite this files door				- 600	tion 110.07/2\/i\ Elorido Statut	lee I further o	artific that	the inf	ormation

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 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 with all other like empowered.

SIGNATURE: \_

4-1-99 561-562-9469

Date Daytime Phone #