

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749252

1. Entity Name

THE WESTLAKE ESTATES HOMEOWNERS ASSOCIATION, INC

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90425 039 \*\*\*\*61.25

|  |   |
|--|---|
| Principal Place of Business<br>333 17TH STREET<br>SUITE 2-R<br>VERO BEACH FL 32960 | Mailing Address<br>333 17TH STREET<br>SUITE 2-R<br>VERO BEACH FL 32960-5687 |
|--|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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<br><b>65-0254351</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent                      |  | 7. Name and Address of New Registered Agent   |  |
| REXFORD, SARA<br>333 17TH STREET<br>SUITE 2-R<br>VERO BEACH FL 32960 |  | Name <i>Lorraine Forte</i><br>Street Address (P.O. Box Number is Not Acceptable) <i>1274 NE BUSINESS PARK PL</i><br>City <i>Jensen Beach</i> FL Zip Code <i>34957</i> |  |

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 *Lorraine Forte* *Lorraine Forte* *4/24/00*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|                             |  |  |
|-----------------------------|--|--|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FLETCHER, TED<br>7423 S. 16TH MANOR<br>VERO BEACH FL 32966 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>WRIGHT, MICHAEL<br>7411 S. 16TH MANOR<br>VERO BEACH FL 32966 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MISHLER, JANICE<br>7463 N. 16TH MANOR<br>VERO BEACH FL 32966 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br><i>WICKI ECHELBERGER</i><br><i>7435 16TH MANOR S</i><br><i>VERO BEACH, FL 32966</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>DIAZ, MICHAEL<br>7481 16TH MANOR<br>VERO BEACH FL 32966 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | STD<br><i>JOSEPH SADCKEY</i><br><i>7434 16TH MANOR S</i><br><i>VERO BEACH, FL 32966</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: *Robert [Signature]* **REQUIRED** *4/20/00* *561-569-7921*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #