

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90118 040 ****61.25

DOCUMENT # 749252

1. Entity Name

THE WESTLAKE ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

333 17TH STREET
 SUITE 2-R
 VERO BEACH FL 32960

333 17TH STREET
 SUITE 2-R
 VERO BEACH FL 32960



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

KEYSTONE PROPERTY MANAGEMENT GROUP, INC

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1717 20th St. SUITE # 102

City & State

VERO BEACH, FL.

Zip

INDIAN RIVER

Country

4. FEI Number

65-0254351

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORTE, LORRAINE
 1274 NE BUSINESS PARK PL
 JENSEN BEACH FL 34957

Name

WILLIAM F. MILLER

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

KEYSTONE PROPERTY MANAGEMENT GROUP, INC

1717 20th St. SUITE # 102

City

VERO BEACH

FL

Zip Code

32960

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

1/20/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLETCHER, TED	
STREET ADDRESS	7423 S. 16TH MANOR	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WRIGHT, MICHAEL	
STREET ADDRESS	7411 S. 16TH MANOR	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EHELBERGER, VICKI	
STREET ADDRESS	7435 16TH MANOR S.	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SANCHEZ, JOSEPH	
STREET ADDRESS	7481 16TH MANOR	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Ted Fletcher** **REQUIRED FLETCHER**

2/21/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)