2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # 749252 1. Entity Name THE WESTLAKE ESTATES HOMEOWNERS ASSOCIATION, INC.					05-03-2004 91 066 039 ****61.25			
Principal Place 1717 20TH S VERO BEACH	ST. SUITE #102	Mailing Address 1717 20TH ST. SUITE #1 VERO BEACH, FL 32960				งสถดะกล	60	
	lace of Business ARDTNAL DR. #. etc.	3. Mailing Address 3111 CAR DTN1 Suite, Apt. #, etc.	AL DR.	04262004				
		, , ,			Chg-NP	CR2E037 (10	<u>, </u>	
City & State		City & State VERO BC	HFL.	4. FEI Number 65-0254	351		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of	of Status Desire		5 Additional	
3291	6. Name and Address of Current F	32963 Registered Agent	<u> </u>		Address of Ne	w Registered Agent	equired	
MULED M			Name 7	ANTEL E	FE	ELD CPA		
MILLER, W KEYSTON	VILLIAM F IE PROPERTY MANAGEMENT	GR. INC.	Street Addr	ess (P.O. Box Numbe	is Not Accept			
1717 20TH	I ST. SUITE #102		O'HAD	RE KMET	<u> </u>	7/15		
VERU BEA	ACH, FL 32960		311) City	CHRDIN	M j)/ <u> </u>	o Code	
			VES			FL	32905	
The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or req	gistered agent, or both	n, in the State of	f Florida. I am familia	r with, and accept	
_	/11:115	L · III	_				.1 1	
SIGNATURE .	Signature, typed or printled name of registered agent a	ind title if applicable. (NOTE: Ri	DANTI egistered Agent signature re		TELD	c.P.A.	4/26/04	
SIGNATURE .	Signature, tiped or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004	nd title if applicable. (NOTE: Right of the first policy) 9. Election Campa Trust Fund Cor	aign Financing	equired when reinstating)		C.P.A. DATE Make check paya florida Department		
SIGNATURE .	Filing Fee Is \$61.25	9. Election Campa Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees) · · · · · · · · · · · · · · · · · · ·	DATE Make check paya	of State	
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12. I hereby certify that the information supplied with this filling 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

VENNETH MISCHLER

PRES.