


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 749252**  
 1. Entity Name  
**THE WESTLAKE ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**3111 CARDINAL DR.  
 VERO BEACH, FL 32963**

Mailing Address  
**3111 CARDINAL DR.  
 VERO BEACH, FL 32963**

**DO NOT WRITE IN THIS SPACE**



04252008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0254351**

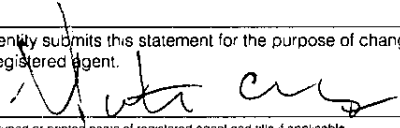
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NUTTALL, SCOTT A  
 3111 CARDINAL DR.  
 VERO BEACH, FL 32963**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MISHLER, KENNETH 7463 NORTH 16TH MANOR VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIPS, VICTORIA 7469 16TH MANOR VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NIBLACK, ROSCOE H 7401 S 16TH MANOR VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARMONEY, GALE 7411 S. 16TH MANOR VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000951185  
 06/04/08-80022-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/1/08** Daytime Phone #: **772-778-7535**