

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90101 004 \*\*\*\*61.25

<b>DOCUMENT # 752955</b> 1. Entity Name <b>WESTWOOD PLAZA PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>255 S. ORANGE AVENUE SUITE 800 ORLANDO, FL 32801 US</b>			Mailing Address <b>6148 HUCKELBERRY AVENUE ORLANDO, FL 32819</b>		
2. Principal Place of Business <b>111 N. Orange Ave.</b>		3. Mailing Address <b>P.O. Box 1571</b>			
Suite, Apt. #, etc. <b>Suite 1800</b>		Suite, Apt. #, etc. 			
City & State <b>Orlando, Florida</b>		City & State <b>Windermere, Florida</b>			
Zip <b>32801</b>		Country <b>USA</b>		4. FEI Number <b>59-2057212</b>	
Zip <b>34786-1571</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>EDWARDS, TED 255 S ORANGE AVE. SUITE 800 ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>111 N. Orange Ave.</b> <b>Suite 1800</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32801</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
- Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHILLIPS, RICHARD 7007 SEA WORLD DRIVE ORLANDO, FL 32821	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAIN, FRANK 6435 WESTWOOD BLVD ORLANDO, FL 32821	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN SLYKE, RICHARD 6817 WESTWOOD BLVD ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RAGANS, LAURA 6675 WESTWOOD BLVD STE 110 ORLANDO, FL 32821	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				

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:** *Frank Cain* (FRANK CAIN) 4/1/05 407-351-6600