2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765648

FILED Apr 02, 2009 Secretary of State

Entity Name: WESTLAKE MANOR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O ASSET REAL ESTATE INC 4004 EDGEWATER DRIVE ORLANDO, FL 32804 **New Mailing Address: Current Mailing Address:** C/O ASSET REAL ESTATE INC 4004 EDGEWATER DRIVE ORLANDO, FL 32804 FEI Number: 59-2267749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ASSET REAL ESTATE INC 4004 EDGEWATER DRIVE ORLANDO, FL 32804 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WATSON, GWEN Name: Name: 1378 DUNHILL DR Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: Title: () Delete () Change () Addition EGERT, ADAM Name: Name: Address: 1352 LANDRY CIRCLE Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: VD. Title: (X) Change () Addition () Delete RANCE, PAT RANCE, PAT Name: Name: 1366 DUNHILL DR. Address: Address: 1366 DUNHILL DR. City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32750 Title: STD () Delete Title: () Change () Addition Name: QUEEN, SUSAN Name: 1348 LANDRY CR. Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: () Delete Title: () Change () Addition SINEAD, EGERT Name: Name: 1352 LANDRY CIRCLE Address: Address: City-St-Zip: LONGWOOD, FL 327501 City-St-Zip: Title: () Delete Title: (X) Change () Addition GORGMAKER, CASSIE GORTMAKER, CASSIE Name: Name: Address: 1074 TRWOBRIDGE CT Address: 1074 TROWBRIDGE CT LONGWOOD, FL 32750 LONGWOOD, FL 32750 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWEN WATSON PD 04/02/2009