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May 07, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04802

1. Corporation Name
HOMEPLACE WEST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business PO BOX 210202 ROYAL PALM BEACH FL 33421 US	Mailing Address P O BOX 210202 ROYAL PALM BEACH FL 33421 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/07/1984	4. FEI Number 59-2646503	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent SULLIVAN, LYNN 1017 GRANDVIEW CIR ROYAL PALM BEACH FL 33411	10. Name and Address of New Registered Agent 81 Name MARK E. Lehe 82 Street Address (P.O. Box Number is Not Acceptable) 1205 Grandview Circle 83 84 City Royal Palm Beach FL 85 Zip Code 33411
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Mark E. Lehe, President* DATE **4-29-99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHE, MARK	1.2 NAME	
STREET ADDRESS	1205 GRANDVIEW CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	1.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, LYNN	2.2 NAME	Susan Roberson
STREET ADDRESS	1017 GRANDVIEW CIRCLE	2.3 STREET ADDRESS	1080 Grandview Circle
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	2.4 CITY-ST-ZIP	Royal Palm Bch, FL 33411
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHILLER, TAMARA	3.2 NAME	April Yonaitis
STREET ADDRESS	1220 GRANDVIEW CIR	3.3 STREET ADDRESS	1088 Grandview Circle
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	3.4 CITY-ST-ZIP	Royal Palm Bch, FL 33411
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBBARD, MARY	4.2 NAME	Fred J. Caro
STREET ADDRESS	1033 GRANDVIEW CIR	4.3 STREET ADDRESS	1168 Grandview Circle
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	4.4 CITY-ST-ZIP	Royal Palm Bch, FL 33411
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark E. Lehe* DATE **4-29-99** DAYTIME PHONE # **561-790-2282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0042886

CR2E037 (11/98)