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FILED

Jan 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N09850 (1)

1. Corporation Name

OLDE WESTLAKE VILLAS, INC.



Principal Place of Business

Mailing Address

704 W. LAKE DRIVE  
NAPLES FL 33940-6854704 W. LAKE DRIVE  
NAPLES FL 34102-68543. Date Incorporated or Qualified  
06/19/19853a. Date of Last Report  
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 400 7TH AVE S.

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 NAPLES FL

28 City &amp; State

Zip

Country

Zip

Country

24 34102

25 COLLIER

29

30

4. FEI Number

65-0138276

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROSSLEY, NORMAN  
704 W. LAKE DRIVE  
NAPLES FL 33940-6854

81 Name

FRANCIS J FARREN, JR

82 Street Address (P.O. Box Number is Not Acceptable)

400 7TH AVE S

83

84 City

NAPLES

FL

85 Zip Code  
34102

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

Francis J. Farren, Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

FRANCIS J FARREN, JR 1/20/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TO  
NAME CROSSLEY, NORMAN  
STREET ADDRESS 704 W LAKE DR  
CITY-ST-ZIP NAPLES FL1.1 TITLE TO  
1.2 NAME MONICA ANN BORROCK  
1.3 STREET ADDRESS 706 W LAKE DR  
1.4 CITY-ST-ZIP NAPLES, FL 34102TITLE PD  
NAME FARREN, FRANK  
STREET ADDRESS 400 7TH AVE, S  
CITY-ST-ZIP NAPLES FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE SD  
NAME PROLMAN, KARIN  
STREET ADDRESS 1550 WORCESTER RD., 323 W.  
CITY-ST-ZIP FARMINGTON MA3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francis J. Farren, Jr. 1/20/97 434-0579

Date

Daytime Phone # 0058335

CR2E037 (9/96)