

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90464 009 ****61.25

DOCUMENT # N16955 1. Entity Name WESTLAKE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business %JAMES A. JAHNA 343 WEST CENTRAL AVENUE, SUITE 7 LAKE WALES, FL 33853		Mailing Address %JAMES A. JAHNA PO BOX 840 LAKE WALES, FL 33859	
2. Principal Place of Business - No P.O. Box # Westlake Assoc. Suite, Apt. #, etc. 343 W. CENTRAL AVE Ste 102 City & State LAKE WALES, FL Zip 33853		3. Mailing Address John Gravel Suite, Apt. #, etc. P.O. Box 101 City & State LAKE WALES, FL Zip 33859	
4. FEI Number 59-2780632		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAVEL, JOHN 343 W. CENTRAL AVE Ste 102 LAKE WALES, FL 33853		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2007		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 TD NAME CHARTAND, CAROL C STREET ADDRESS 343 WEST CENTRAL AVE SUITE 208 CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME GRAVEL, JOHN M STREET ADDRESS 343 W. CENTRAL AVE Ste 102 CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME HARRELL, SUZANNE STREET ADDRESS 343 WEST CENTRAL AVE SUITE 103 CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HARRELL, RONALD STREET ADDRESS 343 WEST CENTRAL AVE SUITE 103 CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME CARTSAND, DAVID STREET ADDRESS 343 W. CENTRAL AVE. STE 8 CITY-ST-ZIP LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 John M. Gravel		Date 4/27/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 863 676-8058	