

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N16955

1. Entity Name

WESTLAKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

WESTLAKE ASSOC.
343 W. CENTRAL AVE STE 102
LAKE WALES, FL 33853

Mailing Address

JOHN GRAVEL
P.O. BOX 101
LAKE WALES, FL 33859



04302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2780632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000944756
05/29/08-80113-001 61.25

10. OFFICERS AND DIRECTORS

TITLE TD
NAME CHARTAND, CAROL C
STREET ADDRESS 343 WEST CENTRAL AVE SUITE 208
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE PD
NAME GRAVEL, JOHN M
STREET ADDRESS 343 W. CENTRAL AVE STE 102
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE SD
NAME HARRELL, SUZANNE
STREET ADDRESS 343 WEST CENTRAL AVE SUITE 103
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE D
NAME HARRELL, RONALD
STREET ADDRESS 343 WEST CENTRAL AVE SUITE 103
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE VPD
NAME CARTSAND, DAVID
STREET ADDRESS 343 W. CENTRAL AVE. STE 8
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

John M. Gravel John M. Gravel 4/28/08 843 6768058