FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 12:09

DOCUMENT # N25034 (2)

1. Corporation Name
WEST LAKE PROPERTY OWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~%JIM JEAN~~ Ellis Stephens ~~412 NE 16TH AVENUE~~ ~~GAINESVILLE FL 32601~~	~~%JIM JEAN~~ Ellis Stephens ~~412 NE 16TH AVENUE~~ ~~GAINESVILLE FL 32601~~

3. Date Incorporated or Qualified: 02/25/1988
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2886990 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Rt 1 Box 105-8	26 RT 1 Box 105-8
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jennings, FL	28 City & State: Jennings, FL
24 Zip: 32053 25 HAMILTON USA	29 Zip: 32053 30 HAMILTON USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JEAN, JIM
412 NE 16TH AVENUE, #45
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name: Ellis Stephens
82 Street Address (P.O. Box Number is Not Acceptable): ~~412 NE 16th Ave~~ Rt 1 Box 105-8
83 ~~Gainesville, FL 32601~~
84 City: JENNINGS, FL 85 Zip Code: 32053

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ellis Stephens Ellis Stephens, President 2-10-1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STEPHENS, ELLIS	1.2 NAME	
STREET ADDRESS	RT 1 BOX 105-8 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	JENNINGS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	V.D ☑ Change ☐ Addition
NAME	~~HURST, JOHN~~ Peter Loth	2.2 NAME	PETER LOTH
STREET ADDRESS	~~RT 3 BOX 390-40~~ RT 10 Box 261	2.3 STREET ADDRESS	RT 10 BOX 261
CITY-ST-ZIP	~~JASPER FL~~ Lake City FL	2.4 CITY-ST-ZIP	LAKE CITY FL
TITLE	STD	3.1 TITLE	STD ☑ Change ☐ Addition
NAME	~~HURST, NITA~~ Sharon Murphy	3.2 NAME	SHARON MURPHY
STREET ADDRESS	~~RT 3 BOX 390-40~~ RT. Box	3.3 STREET ADDRESS	RT. BOX 105-1
CITY-ST-ZIP	~~JASPER FL~~ Jennings, FL 32053	3.4 CITY-ST-ZIP	JENNINGS FL 32053
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ellis Stephens Ellis Stephens PRES 2-10-1995 (904) 938-1149
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone Number

0002707