

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N25034** (2)
1. Corporation Name
WEST LAKE PROPERTY OWNERS' ASSOCIATION, INC.

FILED

95 AUG 28 AM 10: 53

SECRETARY OF STATE



Principal Place of Business
**RT 1 BOX 105-8
412 NE 16TH AVENUE
JENNINGS FL 32053
US**

Mailing Address
**RT 1 BOX 105-8
412 NE 16TH AVENUE
GAINESVILLE FL 32053
US**

3. Date Incorporated or Qualified 02/25/1988	3a. Date of Last Report 02/13/1995
4. FEI Number 59-2886990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Westlake P.O.A. Suite, Apt. #, etc. 22 P.O. BOX 910 City & State 23 JASPER, FL Zip 24 32052	2a. Mailing Address 26 Westlake P.O.A. Suite, Apt. #, etc. 27 P.O. BOX 910 City & State 28 JASPER, FL Zip 29 32052	Country 25 US Country 30 US
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9. Name and Address of Current Registered Agent STEPHENS, ELLIS RT 1 BOX 105-8 JENNING FL 32053	10. Name and Address of New Registered Agent 81 Name ROBBINS, JIMMY 82 Street Address (P.O. Box Number is Not Acceptable) RT # 3 Box 390-27 83 84 City JASPER FL 85 Zip Code 32052
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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 *Jimmy D. Robbins* DATE **18 APRIL 96**
Signature typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reappointing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENS, ELLIS RT 1 BOX 105-8 N/A JENNINGS FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD ROBBINS, JIMMY RT # 3 BOX 390-27 N/A JASPER, FL 32052 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LOTH, PETER RT 10 BOX 261 LAKE CITY FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	STD LOTH, VALERIE RT # 10 BOX 261 N/A LAKE CITY, FL 32055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURPHY, SHARON RT 1 BOX 105-9 JENNINGS FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D DAVIS, RICHARD RT # 3 BOX 390-37 N/A JASPER, FL 32052 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: *Jimmy D. Robbins* DATE **18 APRIL 96** (904) 938-4832
ROBBINS, JIMMY, PRESIDENT
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (12/95)