


FILE NOW: FILING FEE IS \$61.25

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Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25034** (2)
1. Corporation Name
WEST LAKE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business P.O. BOX 910 JASPER FL 32052 US		Mailing Address P.O. BOX 910 JASPER FL 32052 US		3. Date Incorporated or Qualified 02/25/1988	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2886990	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ROBBINS, JIMMY RT. 3 BOX 390-27 JASPER FL 32052				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name RON E GRIFFITH 82 Street Address (P.O. Box Number is Not Acceptable) RT. 3 BOX 390-17 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 *Ron E Griffith* DATE **2-8-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	PD ROBBINS, JIMMY RT. 3 BOX 390-27 JASPER FL 32052	1.1 TITLE T	PD RON E. GRIFFITH RT. 3 BOX 390-17 JASPER, FL. 32052
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	STD LOTH, VALERIE RT. 10 BOX 261 LAKE CITY FL 32055	2.1 TITLE T	STD DAVIS, GLENDA RT. 3 BOX 390-17 JASPER FL. 32052
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	D DAVIS, RICHARD RT. 3 BOX 390-37 JASPER FL 32052	3.1 TITLE T	VP MILNER, MARSHALL RT. 1 BOX 165 F JASPER JENNINGS FL 32053
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Ron E Griffith* DATE **2-8-98**

CR2E037 (10/97)