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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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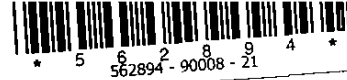
1. Corporation Name

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


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified -	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/25/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2886990	
24 Country		29 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

GRIFFITH, RON E
RT 3, BOX 390-17
JASPER FL 32052

10. Name and Address of New Registered Agent

81 Name	Valerie Griffith
82 Street Address (P.O. Box Number is Not Acceptable)	4739 NW 60 DR
83	
84 City	Jennings
85 FL	
86 Zip Code	32053

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

Valerie Griffith

President Valerie Griffith

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE	PD	1.1 TITLE	PD
NAME	GRIFFITH, RON E	1.2 NAME	Valerie Griffith
STREET ADDRESS	RT 3, BOX 390-17	1.3 STREET ADDRESS	4739 NW 60 DR.
CITY-ST-ZIP	JASPER FL 32052	1.4 CITY-ST-ZIP	Jennings Fl. 32053
TITLE	STD	2.1 TITLE	STD
NAME	DAVIS, GLENDA	2.2 NAME	DAVIS, GLENDA
STREET ADDRESS	RT 3, BOX 390-17	2.3 STREET ADDRESS	4830 NW 60 DR.
CITY-ST-ZIP	JASPER FL 32052	2.4 CITY-ST-ZIP	Jennings Fla. 32053
TITLE	VP	3.1 TITLE	VP
NAME	MILNER, MARSHALL	3.2 NAME	MILNER, Marshall
STREET ADDRESS	RT 1, BOX 105F	3.3 STREET ADDRESS	4900 58th PL
CITY-ST-ZIP	JENNINGS FL 32053	3.4 CITY-ST-ZIP	Jennings Fla 32053
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-30-99

-904-938-2871

Valerie Griffith President

CR2037 (11/98)