

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005002

FILED
Mar 23, 2008
Secretary of State

Entity Name: WESTLAKE VILLAGE HOMEOWNERS ASSOCIATION OF SUNTREE, INC.

Current Principal Place of Business:

318 CARMEL DR
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 410181
MELBOURNE, FL 329410181 US

New Mailing Address:

FEI Number: 65-0486689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLEY, PETER J
326 CARMEL DR
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NAPOLITANO, JOHN
Address: 318 CARMEL DR
City-St-Zip: MELBOURNE, FL 32940

Title: DT () Delete
Name: FOLEY, PETER J
Address: 326 CARMEL DR
City-St-Zip: MELBOURNE, FL 32940

Title: DVS () Delete
Name: DOHERTY, THOMAS
Address: 322 CARMEL DR.
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER FOLEY

DT

03/23/2008

Electronic Signature of Signing Officer or Director

Date