

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N95000000869 (6)
1. Corporation Name
WESTLAKE HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.



| | |
|--|---|
| Principal Place of Business 200 S. ORANGE AVE. SUITE 1430 ORLANDO FL 32802 | Mailing Address 200 S. ORANGE AVE. SUITE 1430 ORLANDO FL 32801-3410 |
|--|---|

| | |
|--|-------------------------------|
| 21 2. Principal Place of Business | 26 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 30 Country |

| | |
|---|---|
| 3. Date Incorporated or Qualified 02/22/1995 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0563547 | Applied For 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 | |

9. Name and Address of Current Registered Agent
THOMPSON, CHARLES A
200 S. ORANGE AVE.
SUITE 1430
ORLANDO FL 32802

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name Joel K. Goldman |
| 82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. BAYSHORE DR |
| 83 City Legal Dept - 9th Floor |
| 84 City Miami |
| 85 Zip Code FL 33133 |

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 Joel K. Goldman **Joel K. Goldman** DATE **4-15-97**

12. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE D | <input checked="" type="checkbox"/> DELETE |
| NAME THOMPSON, CHARLES A | |
| STREET ADDRESS 200 S. ORANGE AVE. | |
| CITY-ST-ZIP ORLANDO FL 32801 | |
| TITLE VTD | <input checked="" type="checkbox"/> DELETE |
| NAME SPARROW, MARK | |
| STREET ADDRESS 2601 S. BAYSHORE DR. | |
| CITY-ST-ZIP MIAMI FL 33133 | |
| TITLE VSD | <input type="checkbox"/> DELETE |
| NAME GOLDMAN, JOEL K | |
| STREET ADDRESS 2601 S. BAYSHORE DR. | |
| CITY-ST-ZIP MIAMI FL 33133 | |
| TITLE PD | <input checked="" type="checkbox"/> DELETE |
| NAME THOMPSON, CHARLES A | |
| STREET ADDRESS 200 S. ORANGE AVE. | |
| CITY-ST-ZIP ORLANDO FL 32802 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|--|
| 1.1 TITLE VITD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME CARLETON, CALLIS | |
| 1.3 STREET ADDRESS 2601 S. BAYSHORE DR | |
| 1.4 CITY-ST-ZIP Miami FL 33133 | |
| 2.1 TITLE PID | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME KANITZ, KARL | |
| 2.3 STREET ADDRESS 2601 S. BAYSHORE DR | |
| 2.4 CITY-ST-ZIP MIAMI FL 33133 | |
| 3.1 TITLE VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME JEFFREY THOMAS W. | |
| 3.3 STREET ADDRESS 2601 S. BAYSHORE DR | |
| 3.4 CITY-ST-ZIP MIAMI FL 33133 | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 _____ DATE _____

CR2E037 (9/96)