

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris.
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

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1. Corporation Name

WESTLAKE HAMMOCK PROPERTY OWNERS ASSOCIATION.
INC.

Principal Place of Business	Mailing Address
2601 S Bayshore Drive Suite 900 Miami, FL 33133	2601 S Bayshore Drive Suite 900 Miami, FL 33133

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified February 22, 1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0563547
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip Country	29 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JOEL K. GOLDMAN, ESQ.
2601 S Bayshore Drive-Suite 900
Miami, FL 33133

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gillette, J. Thomas	1.2 NAME	
STREET ADDRESS	200 S Orange Avenue	1.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32801	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goldin, Amy H.	2.2 NAME	
STREET ADDRESS	2601 S Bayshore Drive-#900	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33133	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Liebrecht, Tom	3.2 NAME	
STREET ADDRESS	200 S Orange Ave - Suite 2150	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32801	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goldman, Joel	4.2 NAME	
STREET ADDRESS	2601 S Bayshore Drive-#900	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33133	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cook, Paula	5.2 NAME	
STREET ADDRESS	2601 S Bayshore Drive-#900	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33133	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Amy H. Goldin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AMY H. GOLDIN
Director

3/18/99

(305) 859-4557

Date

Daytime Phone #