

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 27, 2007
Secretary of State

DOCUMENT# N96000001383

Entity Name: WESTFIELD LAKES PROPERTY OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US**New Principal Place of Business:**2582 SOUTH MAGUIRE RD
SUITE 318
OCOOE, FL 34761 US**Current Mailing Address:**2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US**New Mailing Address:**PO BOX 783367
WINTER GARDEN, FL 34778 US**FEI Number:** 59-3378139**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HART, JAMES W JR
C/O SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US**Name and Address of New Registered Agent:**SOLOMON, SPENCER
14443 PRUNNING WOOD PLACE
WINTER GARDEN, FL 34787 US

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: SPENCER SOLOMON

04/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** STD () Delete
Name: DEFUSO, MARK
Address: 12224 OYEN CT
City-St-Zip: WINTER GARDEN, FL 34787**Title:** VPD () Delete
Name: MCKENNA, JOE
Address: 620 WESTHAMPTON CT
City-St-Zip: WINTER GARDEN, FL 34787**Title:** PD () Delete
Name: WOLOSHIN, BRUCE
Address: 12668 WESTFIELD LAKES CIR
City-St-Zip: WINTER GARDEN, FL 34787**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**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:**Title:** VPD () Change (X) Addition
Name: PIOTROWSKI, TOM
Address: 712 SANTEE TERRE LN
City-St-Zip: WINTER GARDEN, FL 34787 US**Title:** VPD () Change (X) Addition
Name: WEST, JUSTIN
Address: 626 WESTHAMPTON CT
City-St-Zip: WINTER GARDEN, FL 34787

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: SPENCER SOLOMON

RA

04/27/2007

Electronic Signature of Signing Officer or Director

Date