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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N98000001771**

1. Corporation Name
THE HOMEOWNERS ASSOCIATION AT WESTWOOD LAKES, IN C.

Principal Place of Business	Mailing Address
101 E. KENNEDY BLVD.. SUITE 2000 TAMPA FL 33602	5307 FOXHUNT DR. WESLEY CHAPEL FL 33543

2. Principal Place of Business 21 325 SOUTH BLVD 22 Suite, Apt. #, etc. 23 City & State TAMPA, FLORIDA 24 Zip 33603 25 Country USA	2a. Mailing Address 26 P.O. Box 2071 27 Suite, Apt. #, etc. 28 City & State TAMPA, FLORIDA 29 Zip 33601-2071 30 Country USA	3. Date Incorporated or Qualifed 03/26/1998 4. FEI Number PENDING ☒ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KIGHTLINGER, WILHELMINA F
101 E. KENNEDY BLVD., SUITE 2000
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name JACK B. HANSON
82 Street Address (P.O. Box Number is Not Acceptable) 325 SOUTH BLVD
83
84 City TAMPA FL 85 Zip Code 33603

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 _____ JACK B. HANSON 2/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRINGER, FRANK 5307 FOXHUNT DR. WESLEY CHAPEL FL 33543	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRENNAN, NEIL 1250 TERINAL TOWER CLEVELAND OH 44113	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D BRENNAN, NEIL 1250 TERMINAL TOWER Cleveland OH 44113	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEUERMAN, DON 1250 TERMINAL TOWER CLEVELAND FL 44113	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	D NEUERMAN, DON 1250 TERINAL TOWER CLEVELAND, OH 44113	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 FRANK S. Stringer 3/31/99 813-907-1539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)