


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N98000001771					
1. Entity Name THE HOMEOWNERS ASSOCIATION AT WESTWOOD LAKES, INC.					
Principal Place of Business 4131 GUNN HWY. TAMPA, FL 33618 US			Mailing Address 4131 GUNN HWY. TAMPA, FL 33618 US		
2. Principal Place of Business - No P.O. Box # RESOURCE PROPERTY MGMT.		3. Mailing Address SAME			
Suite, Apt. #, etc. 28100 US 19 N. SUITE 305		Suite, Apt. #, etc.			
City & State CLEARWATER, FL		City & State		4. FEI Number 59-3552548	
Zip 33761		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLIS, JONATHAN J 101 E. KENNEDY BLVD. SUITE 2800 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name: Michael J. Brudny Street Address (P.O. Box Number is Not Acceptable): 200 Pine Ave North Suite A City: Oldsmar FL Zip Code: 34677	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Michael J. Brudny</i>		(NOTE: Registered Agent signature required when reinstating)		DATE: 5/5/08	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEMP, ADAM 14401 PEPPERPINE DRIVE TAMPA, FL 33626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600132068796 07/02/08--01010--014 **\$61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CERNIGLIO, ANNE 14626 CORAL BERRY DR. TAMPA, FL 33626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CERNIGLIO, ANNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BLONSKI, YVETTE 14826 CORAL BERRY DR TAMPA, FL 33626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BLONSKI, YVETTE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT DELIKAT, TIM 14801 CORAL BERRY DR TAMPA, FL 33626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HAMMOOR, JILL 14715 CORAL BERRY DR TAMPA, FL 33626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIGIACOMO, MARK 14608 CORAL BERRY DR TAMPA, FL 33626	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GOLDMAN, TERRILL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14703 CORAL BERRY DR. TAMPA, FL 33626	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Yvette m Blonski</i>			(813) 925-8325		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		