

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000007063

1. Entity Name
WESTLAKE ESTATES PROPERTY HOMEOWNERS
ASSOCIATION, INC.



FILED
Jul 31, 2008 08:00 AM
Secretary of State

Principal Place of Business

5224 W SR 46
334
SANFORD, FL 32771

Mailing Address

5224 W SR 46
334
SANFORD, FL 32771



07282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3642227

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LANTZ, JEFFREY
169 OVEROAKS PLACE
SANFORD, FL 32771

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME LANTZ, JEFFREY
STREET ADDRESS 169 OVEROAKS PLACE
CITY-ST-ZIP SANFORD, FL 32771

TITLE V
NAME DUNCAN, BOB
STREET ADDRESS 113 OVEROAKS PLACE
CITY-ST-ZIP SANFORD, FL 32771

TITLE S
NAME SCROGGS, TERRY
STREET ADDRESS 120 OVEROAKS PLACE
CITY-ST-ZIP SANFORD, FL 32771

TITLE T
NAME KIEFER, RUSS
STREET ADDRESS 176 OVEROAKS PLACE
CITY-ST-ZIP SANFORD, FL 32771

TITLE D
NAME FREYER, DENNY
STREET ADDRESS 105 OVEROAKS PLACE
CITY-ST-ZIP SANFORD, FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000956739
07/31/08-80002-012 61.25

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSS KIEFER

7/28/08

Date

407-716-2859

Daytime Phone #