

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007063

FILED
Apr 12, 2009
Secretary of State

Entity Name: WESTLAKE ESTATES PROPERTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5224 W SR 46
334
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

5224 W SR 46
334
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3642227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANTZ, JEFFREY
169 OVEROAKS PLACE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANTZ, JEFFREY
Address: 169 OVEROAKS PLACE
City-St-Zip: SANFORD, FL 32771

Title: V () Delete
Name: DUNCAN, BOB
Address: 113 OVEROAKS PLACE
City-St-Zip: SANFORD, FL 32771

Title: S () Delete
Name: SCROGGS, TERRY
Address: 120 OVEROAKS PLACE
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: KIEFER, RUSS
Address: 176 OVEROAKS PLACE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: FREYER, DENNY
Address: 105 OVEROAKS PLACE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: REESE, STEPHANIE
Address: 152 OVEROAKS PLACE
City-St-Zip: SANFORD, FL 32771

Title: T (X) Change () Addition
Name: KIEFER, RUSSELL
Address: 176 OVEROAKS PLACE
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RUSSELL KIEFER

T

04/12/2009

Electronic Signature of Signing Officer or Director

Date