FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000062683

1. Corporation Name

WESTLAKE APARTMENTS, INC.

May 07, 1999 8:00 am Secretary of State

05-07-1999 90068 007 ***150.00



Principal Place	of Business	Mailing Address					• • • • • • • • • • • • • • • • • • • •		
	ITLAND AVENUE #216	235 SOUTH MAITLAND AVENUE #216							
MAITLAND FL 32751		MAITLAND FL 32751				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						07/15/1998			
2. Principal Pl	ace of Business	2a. Mailing Address	. Mailing Address			4. FEI Number		pplied For	
21		26						ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	7	Additional	
22		27						tequired	
City & State	9	City & State				6. Election Campaign Financing S5.00 May Be			
23	Country	Zip Country				Trust Fund Contribution This corporation owes the current year Interpretation.		101663	
Zip	Zip Country Zip 25 29 30]		Personal Property Tax.	Yes	No	
24	9. Name and Address of Current		<u>, </u>			10. Name and Address of New Registered	Agent		
	J. Hallo alla Madicas J. Galloni		8	1	Name		-		
WALKER, BERRY J.JR.			8	1	Street Address (P.O. Box Number is Not Acceptable)				
235	SOUTH MAITLAND AVENUE #216	}	°	-	Street Addre	355 (F.O. DOX Number is Not Acceptable)			
MAIT	LAND FL 32751		8	3		·	. *		
ı			8	4	City		85 Zip	Code	
					•	FL	_ '	, ,	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)									
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE Re	gistered Ag	pent	signature required	t when reinstating) DATE	1		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PRESIDENT/TRAS	URER/D DELETE	1.1 TITLE	•	}		Change	: 🔲 Addition	
NAME	M. SHARE MURKHY		1.2 NAME						
STREET ADDRESS	1399 W. S.R. 434	, "			ADDRESS				
CITY-ST-ZIP			1.4 C/TY		-ZIP		Change	Addition	
TITLE	Ab) Secretary		2.1 TITLE				[] Change	, LJ Addition	
, NAME			2.2 NAME	Į.			•	ļ	
STREET ADDRESS	253			2.3 STREET ADDRESS 2. 4 CITY- ST- ZIP					
CITY-ST-ZIP	DELETE 31				I-ZIP		Change	Addition	
TITLE	VP/D - 1		3.1 TITLE				_ •		
NAME	MARIOFRICO		L		ADDRESS				
STREET ADDRESS 735 N. Thorneon Ave.			3.4. CITY						
CITY-ST-ZIP TITLE			4.1 TITLE				☐ Change	Addition	
NAME			4. 2 NAM	ŧΕ					
STREET ADDRESS			4.3 STRE	EET	ADDRESS				
CITY-ST-ZIP			4.4 CITY	- ST	ſ-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			52 NAM						
STREET ADDRESS		l			ADDRESS				
CITY-ST-ZIP			5.4 CITY		-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	e	
NAME			6.2 NAM	E					

CITY-ST-ZIP 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 607, 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.

6.4 CITY-ST-ZIP

STREET ADDRESS