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Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000095014

1. Corporation Name

Principal Place of Rusiness

WESTLAKE PARTNERS AT ST. JOHN'S RESORT, INC.

235 SOUTH MA SUITE 216 MAITLAND FL 3	NITLAND AVENUE	SUITE 21	JTH MAITLAND AVE! 16 ID FL 32751	NUE			3.	Date Incorporat		RITE IN THIS S	SPACE	<u> </u>	
2. Principal P	lace of Business	2a. Mail	ing Address				4.	FEI Number			9	App	lied For
21		26	26							<u>.</u>		Not	Applicable
Suite, Apt. #, etc.		Suite <b>27</b>	Suite, Apt. #, etc.			5.	Certifcate of St	atus Desired			<b>75</b> Adee Rec	dditional quired	
City & State	e		& State				6.	Election Campa	aign Financin	9 🗆	\$5	,00.	May Be
23		28					1	Trust Fund Cor	ntribution	a 🗆	Ad	ded to	Fees
Zip	Country	Zip				8.	This corporation	n owes the c	urrent year Inta	ngible			
24 25		29	29 30					Personal Prope	rty Tax.		☐ Yes	[	□No
	9. Name and Address of	f Current Registered	l Agent				10.	Name and Add	dress of Nev	v Registered A	gent		
					81	Name							
		IUE			82	Street A	ddress (P.	O. Box Numbe	r is Not Acce	ptable)			
	ity & State  P Country  25  9. Name and Address of Curre  WALKER, BERRY J JR  235 SOUTH MAITLAND AVENUE  SUITE 216				83			<u>-</u>					
MAIT	ILAND FL 32751				84	City				FL	85	Zip C	ode
11. Pursuant office or ragent. I a	to the provisions of Sections egistered agent, or both, in the m familia with, and accept the	607.0502 and 607.15 ne State of Florida. Sune obligations of, Sect	008, Florida Statutes uch change was aut	s, the al	ove-	named o	corporation ration's bo	n submits this st pard of directors	atement for t . I hereby acc	he purpose of co cept the appoint	hangir tment	ng its r as reg	egistered istered
SIGNATURE	90	- BEKKY	J. Wi	4 LK	er.	へょす	quired when re			4/29 PATE	19	9_	
	Signature, typed or printed name of regi	- BEKKY	J. U)	4 LK	er.	へょす	quired when re			CATE	7	<u>۲</u>	
SIGNATURE  12. TITLE	Signature, typed or printed name of regi	istered agent and title if applic	J. U)	H LJK. Registered	Agent	へょす	quired when re	einstating)		CATE	7	CTOF	
12.	Signature, typed or printed name of region OFFIC	istered agent and title if applic	Able (NOTE: F	Registered 13.	Agent LE	へょす	quired when re	einstating)		CATE	<b>7</b> DIRE	CTOF	RS IN 12
12.	Signature, typed or printed name of regi	istered agent and title if applic	RS DELETE	13. 1.1 TII 1.2 NA	Agent LE ME	へょす	quired when re	einstating)		CATE	<b>7</b> DIRE	CTOF	RS IN 12
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12. TITLE NAME	Signature, typed or printed name of region OFFIC D WALKER, BERRY J JR 235 MAITLAND AVENUE	istered agent and title if applic	RS DELETE	13. 1.1 TII 12 NA 1.3 ST	Agent LE ME REET	signature re	quired when re	einstating)		CATE	<b>7</b> DIRE	CTOF	RS IN 12
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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.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED May 07, 1999 8:00 am Secretary of State

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