

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742322

**Entity Name:** WESTLAKE ESTATES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5409 CREEPING HAMMOCK DR.  
SARASOTA, FL 34231

**Current Mailing Address:**

5409 CREEPING HAMMOCK DR.  
SARASOTA, FL 34231

**FEI Number: 59-2160389**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TIMM, DOUGLAS  
5471 CREEPING HAMMOCK DR.  
SARASOTA, FL 34231 US

*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

**Officer/Director Detail :**

Title P  
Name DEVARGAS, KIM  
Address 5321 FOX RUN WAY  
City-State-Zip: SARASOTA FL 34231

Title T  
Name TIMM, DOUGLAS  
Address 5471 CREEPING HAMMOCK DR.  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name TARPLEY, WILLIAM  
Address 5460 CREEPING HAMMOCK DR.  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name PAYNE, SUZANNE  
Address 5372 FOX RUN RD  
City-State-Zip: SARASOT FL 34231

*I hereby 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 all other like empowered.*

**SIGNATURE: DOUGLAS TIMM**

**TREASURER**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date