

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000013015

**Entity Name:** WESTLAKE LANDINGS PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Feb 06, 2024**  
**Secretary of State**  
**6074427610CC**

**Current Principal Place of Business:**

16290 TOWN CENTER PARKWAY  
WESTLAKE, FL 33470

**Current Mailing Address:**

16290 TOWN CENTER PARKWAY NORTH  
WESTLAKE, FL 33470 US

**FEI Number: 87-4517924**

**Certificate of Status Desired: No**

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

VESTA PROPERTY SERVICES, INC.  
16290 TOWN CENTER PARKWAY NORTH  
WESTLAKE, FL 33470 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: KYLE THOMAS NELSON**

**02/06/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CARTER, JOHN  
Address 16290 TOWN CENTER PARKWAY  
NORTH  
City-State-Zip: WESTLAKE FL 33470

Title VPT  
Name BEARD, ZANE  
Address 16290 TOWN CENTER PARKWAY  
NORTH  
City-State-Zip: WESTLAKE FL 33470

Title SECRETARY, TREASURER  
Name GEVERS, LEOLANI  
Address 16290 TOWN CENTER PARKWAY  
NORTH  
City-State-Zip: WESTLAKE FL 33470

*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: LEOLANI GEVERS**

**DIRECTOR**

**02/06/2024**

Electronic Signature of Signing Officer/Director Detail

Date