

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007063

Entity Name: WESTLAKE ESTATES PROPERTY HOMEOWNERS
ASSOCIATION, INC.**FILED**
Jan 18, 2018
Secretary of State
CC5445798627**Current Principal Place of Business:**5224 W SR 46
334
SANFORD, FL 32771**Current Mailing Address:**5224 W SR 46
334
SANFORD, FL 32771**FEI Number: 59-3642227****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARSHALL, MATTHEW
141 OVEROAKS PLACE
SANFORD, FL 32771 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: MATTHEW MARSHALL****01/18/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	FILLER, SAMUEL
Address	149 OVEROAKS PLACE
City-State-Zip:	SANFORD FL 32771

Title	SECRETARY
Name	SWEENEY, LYNN
Address	177 OVEROAKS PLACE
City-State-Zip:	SANFORD FL 32771

Title	TREASURER
Name	MARSHALL, MATTHEW
Address	141 OVEROAKS PLACE
City-State-Zip:	SANFORD FL 32771

Title	VP
Name	CONLEY, JEFF
Address	164 OVEROAKS PLACE
City-State-Zip:	SANFORD FL 32771

Title	V.P. OF OPERATIONS
Name	AMBROSE, NICK
Address	116 OVEROAKS PLACE
City-State-Zip:	SANFORD FL 32771

Title	ASST. TREASURER
Name	WILLIAMS, STEVE
Address	105 OVEROAKS PL
City-State-Zip:	SANFORD FL 32771

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: MATTHEW MARSHALL**TREASURER****01/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date