## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name N9300002800 (1)

## WEST LAKE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

***************************************	AND VILLAGE HOMEOWILL	10 7.0000#111014  11					
Principal Place of Business		Mailing Address			MAINE BOSE ABILD IIAA I	10110 BB141 0010 1001	
200 S. FARK RD. SUITE 200 HOLLYWOOD FL 33021		200 S. PARK RD. SUITE 200 HOLLYWOOD FL 33021					
				3. Date Incorporated or Qualified 06/22/1993	3a. Date of La 04/28	/1995	
2. Principal Pla 21	ce of Business	2a. Mailing Address 26			4. FEI Number 65-0444578		Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	□ Ad	.00 May Be ided to Fees
Zip	Country	Zip	Coun	itry	This corporation has liability for in Florida Statutes	ntangible tax under ] Yes [] No	r s. 199.032,
24	25 9. Name and Address of Current	29 Registered Agent	30		10. Name and Address of New Re		
	5. Hallis and Addiess of Culton	TOBIOCO OU ANGOLI		B1 Name		<u> </u>	
STOTZER, THEODORE R 200 S. PARK RD.  82 Street				<b>62</b> Street Ad	cidress (P.O. Box Number is Not Acceptable	е)	
SUITE 20			ļ.	B3			
	OOD FL 33021		}	84 City		85	Zip Code
							•
or registere	o the provisions of Sections 617.0502 and agent, or both, in the State of Florida h, and accept the obligations of, Section	a. Such change was authorize	s, the abov d by the c	re-named corp orporation's b	poration submits this statement for the purp oard of directors. I hereby accept the appo	oose of changing to intment as register	ts registered office red agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if spolicable. (NOT	E: Registered	Agent signature req	(ulred when reinstating)	DATE	<del></del>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12
TITLE	PD	DELETE	1.1 111	LE		Chan	ge 🔲 Addition
NAME	ATZMON, SIDNEY		1.2 NA	ME			
STREET ADDRESS	200 S. PARK RD., SUITE 200			REET ADDRESS			
CITY - ST - ZIP	HOLLYWOOD FL 33021	DELETE		Y-ST-ZIP		Chan	ge Addition
TITLE	VD	Преселе	2.1 TIT 2.2 NA				Jo
NAME STREET ADDRESS	BASSELL, RICHARD 200 S. PARK RD., SUITE 200			REET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			TY-ST-ZIP			
TITLE	D	DELETE	3.1 TIT			☐ Chan	ge Addition
NAME	EISENACHER, HAROLD L		3.2 NA	ME			
STREET ADDRESS	%9040 SUNSET DR., SUITE 2	1	3.3 ST	REET ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CI	TY-ST-ZIP			
TITLE		DELETE	4.1 TIE		50000190	Chan	ige   Addition
NAME			4. 2 N/		<b>5000018</b> 0 -04/30/96010	143008	
STREET ADDRESS				REET ADDRESS	***70.00	,,,,	
CITY-ST-ZIP TITLE		DELETE	4.4 CI	IY-ST-ZIP		[ ] Chan	nge 🗍 Addition
NAME			5.2 NA				
STREET ADDRESS				REET ADDRESS	•		
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		DELETE	6.1 TiT			☐ Chan	nge 🔲 Addition
NAME			6.2 NA	ME		11-	24-06
STREET ADDRESS			6 3 ST	REET ADDRESS		N-	30'0'IT
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP			
certify that oath; that	i the information indicated on this acru	at report or supplemental annu ration or the receiver or trustee	ual report k e empower	C 1016 200 200	ify for the exemption stated in Section 119, curate and that my signature shall have the this report as required by Chapter 617, Fig.	same legal enect l	as o made under
SIGNAT	URE: SIGNATURE AND SYPED OR	PRINTED NAME OF BIGNING OFFICE	R OR DIRECT	OR	3/27/96 (	954) 981- Deytime Pt	
	Cidnon Kenno						