


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002800 (1)
 1. Corporation Name
WEST LAKE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 1200 LEMONWOOD STREET HOLLYWOOD FL 33019	Mailing Address 1200 LEMONWOOD STREET HOLLYWOOD FL 33019
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3. Date Incorporated or Qualified 06/22/1993	Applied For <input type="checkbox"/>
4. FEI Number 65-0444578	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**SKRLD, INC.
 201 ALHAMBRA CIRCLE, SUITE 1102
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

61 Name	
62 Street Address (P.O. Box Number is Not Acceptable)	
63 City	
64 State	FL
65 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATZMON, SIDNEY	1.2 NAME	JOHN VETTER
STREET ADDRESS	200 S. PARK RD., SUITE 200	1.3 STREET ADDRESS	c/o 1200 LEMONWOOD STREET
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASSELL, RICHARD	2.2 NAME	DAVID POLANSKY
STREET ADDRESS	200 S. PARK RD., SUITE 200	2.3 STREET ADDRESS	c/o 1200 LEMONWOOD STREET
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	HOLLYWOOD FL. 33019
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EISENACHER, HAROLD L	3.2 NAME	NATALIE SCHWARTZ-KRASNOR
STREET ADDRESS	%9040 SUNSET DR., SUITE 21	3.3 STREET ADDRESS	c/o 1200 LEMONWOOD STREET
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JEROME LEVITT
STREET ADDRESS		4.3 STREET ADDRESS	c/o 1200 LEMONWOOD STREET
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ALAN STEINMAN
STREET ADDRESS		5.3 STREET ADDRESS	c/o 1200 LEMONWOOD STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	GARY GARREIL
STREET ADDRESS		6.3 STREET ADDRESS	1200 LEMONWOOD STREET
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]*

CFR2037 (10/97)