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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002800

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified

06/22/1993

4. FEI Number

65-0444578

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **PD VETTER, JOHN**
STREET ADDRESS **1200 LEMONWOOD ST**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ DELETE

NAME **PD POLANSKY, DAVID**
STREET ADDRESS **1200 LEMONWOOD ST**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ DELETE

NAME **TD KRASNER, SCHWARTZ N**
STREET ADDRESS **1200 LEMONWOOD ST**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☒ DELETE

NAME **SD LEVITT, JEROME**
STREET ADDRESS **1200 LEMONWOOD ST**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ DELETE

NAME **STEINMAN, ALAN**
STREET ADDRESS **1200 LEMONWOOD ST**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☒ DELETE

NAME **D BAVREIL, GARY**
STREET ADDRESS **1200 LEMONWOOD ST**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Jonathan Linward**
1.3 STREET ADDRESS **1200 Lemonwood Street**
1.4 CITY-ST-ZIP **Hollywood, FL 33019**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Asst. Sec. Howard Rose**
2.3 STREET ADDRESS **1200 Lemonwood Street**
2.4 CITY-ST-ZIP **Hollywood, FL 33019**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D Jason Gerinas**
3.3 STREET ADDRESS **1200 Lemonwood Street**
3.4 CITY-ST-ZIP **Hollywood, FL 33019**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D Ed Hawley**
4.3 STREET ADDRESS **1200 Lemonwood Street**
4.4 CITY-ST-ZIP **Hollywood, FL 33019**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **PD David Polansky**
5.3 STREET ADDRESS **1200 Lemonwood Street**
5.4 CITY-ST-ZIP **Hollywood, FL 33019**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **Secretary Alan Steinman**
6.3 STREET ADDRESS **1200 Lemonwood Street**
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)(l), 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99 (954) 945-4480

CR2E037 (1/98)