

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002800

1. Entity Name

WEST LAKE VILLAGE HOMEOWNERS' ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90134 032 ****61.25

Principal Place of Business

Mailing Address

1200 LEMONWOOD STREET
HOLLYWOOD FL 33019

1200 LEMONWOOD STREET
HOLLYWOOD FL 33019-4870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0444578

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LINWOOD, JONATHON	
STREET ADDRESS	1200 LEMONWOOD ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	POLANSKY, DAVID	
STREET ADDRESS	1200 LEMONWOOD ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KRASNER, SCHWARTZ N	
STREET ADDRESS	1200 LEMONWOOD ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HOWARD, ROSE	
STREET ADDRESS	1200 LEMONWOOD ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEINMAN, ALAN	
STREET ADDRESS	1200 LEMONWOOD ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	GELINAS, JASON	
STREET ADDRESS	1200 LEMONWOOD ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Vetter	
STREET ADDRESS	1200 Lemonwood St	
CITY-ST-ZIP	Hollywood FL 33019	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Palumbo	
STREET ADDRESS	1200 Lemonwood St	
CITY-ST-ZIP	Hollywood FL 33019	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Natalie Krausner	
STREET ADDRESS	1200 Lemonwood St	
CITY-ST-ZIP	Hollywood FL 33019	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allen Steinman	
STREET ADDRESS	1200 Lemonwood St	
CITY-ST-ZIP	Hollywood FL 33019	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jonathan Weinwand	
STREET ADDRESS	1200 Lemonwood St	
CITY-ST-ZIP	Hollywood FL 33019	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Polansky	
STREET ADDRESS	1200 Lemonwood St	
CITY-ST-ZIP	Hollywood FL 33019	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED (President)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/00

CR2E037 (9/99)